



**FOREST GROVE  
PRESCHOOL**  
Academy of Arts and Technology

# MARCH BREAK ADMISSION

This form should be completed by a parent or guardian, and dropped off at **Forest Grove Preschool** or emailed to **Bosiljka@ForestGrove.ca**

Your Child

Gender: M / F

Siblings attending FGP: Yes/ No

Returning Student: Yes/ No

How did you hear about our program?

Special Notes about your child:

March Break (3.8y - 12y)	Fee
Full Day 8:30am - 5:00pm	\$300.00 for week

**Dates:** March 14th to March 18th

Monday: **Stem Activities**

Tuesday: **Music Day**

Wednesday: **Crafty Creations**

Thursday: **Science and Food**

Friday: **FunDay**

**Total Payment:** \$  paid on  Chq#

*Payment must be made at the time of enrollment to ensure a reserved space for our March Break Camp Program.*

**ALL SPECIAL CAMPS ARE NON-REFUNDABLE.**

**REGISTER by March 10th**

**Children must bring PEANUT/NUT FREE snacks and bag lunches.  
They will also have outdoor time, please dress appropriately for the weather.**

We agree to our Child's photograph to be used in promotional materials for Forest Grove and/or published on social media. You have been provided with a Photo Release Form, please sign to acknowledge you have read and signed that form.

Parent Name  Parent Signature  Date

**ALL FIELDS ARE MANDATORY PRIOR TO ACCEPTANCE**

**Child's Name:** (first) \_\_\_\_\_ (middle) \_\_\_\_\_ (last) \_\_\_\_\_

**Birth date:** Day: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

**Home Address:** \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Telephone No. (Home):** \_\_\_\_\_

**Parent/Guardian 1:** \_\_\_\_\_

**Parent/Guardian 2:** \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone No. [Home/Main]: (\_\_\_\_) \_\_\_\_\_

Telephone No. [Home/Main]: (\_\_\_\_) \_\_\_\_\_

[Cell Phone/Secondary]: (\_\_\_\_) \_\_\_\_\_

[Cell Phone/Secondary]: (\_\_\_\_) \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Business Telephone:(\_\_\_\_) \_\_\_\_\_

Business Telephone:(\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

If parents are **separated/divorced**, please indicate with whom child is living: **Mother:**\_\_\_\_ **Father:**\_\_\_\_

**Doctor's Name:** \_\_\_\_\_ Telephone No. [Home/Main]: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Allergies:** \_\_\_\_\_

Suspected food sensitivities: \_\_\_\_\_

Dietary restrictions: \_\_\_\_\_

Previous conditions requiring medical assistance: \_\_\_\_\_

Prior communicable diseases: \_\_\_\_\_

Names and ages of siblings: \_\_\_\_\_

Languages spoken at home: \_\_\_\_\_

Are you/have you been involved in any community support services? \_\_\_\_\_

Any other important information: \_\_\_\_\_

**EMERGENCY CONTACT 1: (Other than Parent)**

**EMERGENCY CONTACT 2: (Other than Parent)**

Name in Full: \_\_\_\_\_

Name in Full: \_\_\_\_\_

Relationship to Parent: \_\_\_\_\_

Relationship to Parent: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone No. [Home/Main]: (\_\_\_\_) \_\_\_\_\_

Telephone No. [Home/Main]: (\_\_\_\_) \_\_\_\_\_

[Cell Phone/Secondary]: (\_\_\_\_) \_\_\_\_\_

[Cell Phone/Secondary]: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

**Person(s) to whom child may be released:** \_\_\_\_\_