



**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 9:00am – 5:30pm	Fee	Dates: March 11 th to March 15 th
3.8y – 6y	\$200	Monday March 11 th : Young Artist
7y – 12y	\$300	Tuesday March 12 th : Mad Scientists
		Wednesday March 13 th : Nature Day
		Thursday March 14 th : Welcome to Disneyland
		Friday March 15 th : Fun Friday

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 February 23rd

**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: _____