



## Preschool/Junior Kindergarten Application

**Applicant's Name**

\_\_\_\_\_

First

Middle

Last

**Requested Start Date:** \_\_\_\_\_

**Date of Birth (M/D/Y)**

\_\_\_\_\_

**Male**

**Female**

**Medicare #** \_\_\_\_\_

**Expiry Date:** \_\_\_\_\_

**I am applying for:** \_\_\_ **Preschool** \_\_\_ **Junior Kindergarten**

**Please indicate your preferred Preschool schedule. Options include (circle one):**

*Full time M-F full days*

*Part Time: MWF – full days*

*Full time M-F mornings*

*Part Time: T/Th – full days*

*Full time M-F afternoons*

**Mother/Guardian Name**

**Email address**

**Place of work**

**Phone numbers (work, home, cell)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

w \_\_\_\_\_  
h \_\_\_\_\_  
c \_\_\_\_\_

**Father/Guardian Name**

**Email address**

**Place of work**

**Phone numbers (work, home, cell)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

w \_\_\_\_\_  
h \_\_\_\_\_  
c \_\_\_\_\_

**Marital Status:** \_\_\_ Married. \_\_\_ Single \_\_\_ Widowed \_\_\_ Separated/Divorced

**With whom has the child lived for most of the past year?** \_\_\_\_\_

**Home Mailing Address**

**Sibling Name(s)**

**Date of Birth**

**School Attending**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Any other people living in the home?** \_\_\_\_\_

**Who has permission to pick your child up from Touchstone?** \_\_\_\_\_

**Is there anyone who does not have permission to pick up your child?** \_\_\_\_\_

*Please note: If changing pick up arrangements, parents must inform school staff prior to the child being picked up.*

***Emergency Contacts (Not including parents/guardians)***

1. **Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

2. **Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

***Please describe your child's personality. What are his or her interests and favorite activities?***

***Has your child attended a preschool or child care centre before? If yes, for how long?***

***Does your child speak or hear different languages at home? If so, which ones?***

***Please provide information on any special gifts and talents or challenges your child has.***

***Has your child ever had any special testing done? (speech, psychological, occupational therapy, etc?)***

***As parents/guardians, what do you expect from the school?***

***What do you see in Touchstone Academy which makes you feel it will be a place for child to grow?***

To help us better understand your child, please assist us by completing the following questions about your child's medical history and development.

Name of Family Physician \_\_\_\_\_ Telephone: \_\_\_\_\_

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

**Allergies:**

a) Please list any medication allergies: \_\_\_\_\_

b) Please list any food allergies: \_\_\_\_\_

c) Any other allergies: \_\_\_\_\_

Are there any activities in which your child cannot participate?

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**Please indicate if your child has HAD any of the following:**

- \_\_\_ Measles
- \_\_\_ Rubella
- \_\_\_ Mumps
- \_\_\_ Chicken pox
- \_\_\_ Meningitis
- \_\_\_ Pertussis (Whooping Cough)

**Indicate if your child HAS any of the following**

- \_\_\_ Asthma
- \_\_\_ Diabetes
- \_\_\_ Eczema/Psoriasis
- \_\_\_ Epilepsy/Seizures
- \_\_\_ Other: \_\_\_\_\_

**Please indicate any medical treatment your child may require including medication, dosage and instructions:**  
(use another page if needed)

**EYES**

**Have you ever suspected that your child has vision problems?**  
(i.e. Holding books too close, constant rubbing of his/her eyes, lazy eye)

Yes

No

If yes, please explain:



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### **EARS**

*Has your child had frequent ear infections?*

Yes

No

*Have you ever suspected that your child has hearing problems?  
(i.e. Turning volume up, lack of response to voice levels)*

Yes

No

*If yes, please explain:*

### **SLEEPING**

*What are your child's sleeping habits at home? (Usual bedtime; hours of sleep; napping; early riser; trouble sleeping or going to bed)*

*Self Help: In what way does your child need our help?*

*Dressing/Undressing:* \_\_\_\_\_

*Eating:* \_\_\_\_\_

*Toileting:* \_\_\_\_\_

*Handwashing/Toothbrushing:* \_\_\_\_\_

*Other: (ie. gross and fine motor skills)* \_\_\_\_\_

*Do you have any concerns about your child's development or behavior?*

*Are there any hints/suggestions you could share with us to make your child's transition to Touchstone Academy a positive one?*



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*How did you hear about Touchstone Academy?* \_\_\_\_\_

*Has a family member visited the school?*       Yes    No   *Who?* \_\_\_\_\_

*Are you interested in continuing into the Kindergarten class at Touchstone after Preschool or Junior Kindergarten?*

Yes    No    Undecided

***The undersigned grants Touchstone Academy permission to request and receive confidential information and teacher interviews regarding the applicant, and to retain such material in the applicant's file.***

*Parent / Guardian Signature* \_\_\_\_\_      *Date* \_\_\_\_\_

*Parent / Guardian Signature* \_\_\_\_\_      *Date* \_\_\_\_\_

***In submitting an application, parents acknowledge that they understand and accept the Admissions Policy.***