



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?

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.