

Name of Child _____ Date of Birth _____
Address _____ Postal Code _____ -- _____

We hereby make application for enrolment of the above named child as a pupil in the Grosvenor Nursery School, and apply for membership for ourselves as members of G.N.S. and in consideration of the acceptance and enrolment of the said child agree that:

- 1) He/She will attend 3 mornings (Tues.-Thurs..) -- 8:55 am to 11:30 pm.
- 2) (a) Eighty two dollars and sixty nine cents (\$82.69) must accompany this application form. The registration fee is non-refundable and is paid per child.
(b) Tuition payment of \$155.94 per month may be made either by:i) submitting with this application four postdated cheques in total: 3 for \$467.82 each dated Sept. 1/23; Dec. 1/23; March 1/24, and 1 postdated cheque for \$155.94 dated June 1/24.ii) submitting with this application ten postdated cheques for \$155.94 each dated Sept. 1/23 through June 1/24. iii) Payments through e-transfer on the first of the month to the email: **grosvenornurseryschool9741@gmail.com**
- (c) Please make cheques payable to: **Grosvenor Nursery School.**
- 3) Notice in writing for withdrawal of a child should be given to the Director at least two full weeks prior to leaving, (or prior to Aug.15th in the event of withdrawal before commencement of the school term) failing which, tuition for the succeeding four week period is forfeited.
- 4) Withdrawal of the child from the school for any reasonable cause may be requested at any time by the School Director.
- 5) The Medical Health History Form and the Record of Child's Development Form to be completed by parent/guardian and must be received by the School Director prior to the commencement of school.
- 6) All children must be 2.5 years of age by December 31st, 2023.

This application is subject to the approval of the School Director and Executive Committee. We the parents/guardians accept the terms of this application and thus become members of the G.N.S. co-operative.

Signed at London, Ontario this _____ day of _____ 20_____.
Signature of Parent/Guardian _____ Telephone No. _____ -- _____

Please complete and return to: Grosvenor Nursery School, Attn: Carol Janke
711 Colborne Street, London, Ontario, N6A 3Z4

In order for this application to be processed the registration fee must accompany the application.

How did you learn about Grosvenor Nursery School? _____

(School Copy)

Name of Child _____ Date of Birth _____
Address _____ Postal Code _____ -- _____

We hereby make application for enrolment of the above named child as a pupil in the Grosvenor Nursery School, and apply for membership for ourselves as members of G.N.S. and in consideration of the acceptance and enrolment of the said child agree that:

- 1) He/She will attend 3 mornings (Tues.-Thurs..) -- 8:55 am to 11:30 pm.
- 2) (a) Eighty two dollars and sixty nine cents (\$82.69) must accompany this application form. The registration fee is non-refundable and is paid per child.
(b) Tuition payment of \$155.94 per month may be made either by:i) submitting with this application four postdated cheques in total: 3 for \$467.82 each dated Sept. 1/23; Dec. 1/23; March 1/24, and 1 postdated cheque for \$155.94 dated June 1/24.ii) submitting with this application ten postdated cheques for \$155.94 each dated Sept. 1/23 through June 1/24.
iii) Payments through e-transfer on the first of the month to the email:
grosvenornurseryschool9741@gmail.com
- (c) Please make cheques payable to: **Grosvenor Nursery School.**
- 3) Notice in writing for withdrawal of a child should be given to the Director at least two full weeks prior to leaving, (or prior to Aug.15th in the event of withdrawal before commencement of the school term) failing which, tuition for the succeeding four week period is forfeited.
- 4) Withdrawal of the child from the school for any reasonable cause may be requested at any time by the School Director.
- 5) The Medical Health History Form and the Record of Child's Development Form to be completed by parent/guardian and must be received by the School Director prior to the commencement of school.
- 6) All children must be 2.5 years of age by December 31st, 2023.

This application is subject to the approval of the School Director and Executive Committee. We the parents/guardians accept the terms of this application and thus become members of the G.N.S. co-operative.

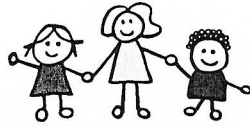
Signed at London, Ontario this _____ day of _____ 20_____.
Signature of Parent/Guardian _____ Telephone No. _____ -- _____

Please complete and return to: Grosvenor Nursery School, Attn: Carol Janke
711 Colborne Street, London, Ontario, N6A 3Z4

In order for this application to be processed the registration fee must accompany the application.

How did you learn about Grosvenor Nursery School? _____

(Parent Copy)



GROSVENOR

Nursery School

Record of Child's Development Form

(to be completed by the parent/guardian)

In order to individualize the educational process for your child, we find it helpful to have additional information about your child and their family. Please complete this form for our confidential files and return it to the school.

Name _____

Address _____ Postal Code _____

Email Address _____

Home Telephone No. _____ Date of Birth _____

In Case of Emergency Notify _____ Telephone _____

(must be someone other than home telephone #)

Persons authorized to pick up your child _____

Mother's Work # _____ Father's Work # _____

Work Address _____ Work Address _____

Who is living at home with your child? *(please name them)*

Mother _____ Father _____

Grandparents _____ Sisters (ages) _____

Brothers (ages) _____ Pets _____

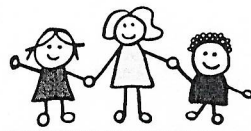
Nanny _____ Other _____

What are your child's strengths? _____

What areas do you feel need encouragement? _____

Are there any restrictions on your child's activities? _____

Please explain the goals you would like to see your child accomplish while attending the school.



GROSVENOR

Nursery School

Medical Health History Form

(to be completed by parent/guardian)

Name of Child _____

Date of Birth _____

Home Address _____

Telephone Number _____

Country of Birth _____

Emergency Number _____

Health Card Number _____

Parent 1 _____

Parent 2 _____

Is your child's immunization record up to date? Yes _____ No _____

Does your child have any conditions or behaviours that would require special support, medication or diet? _____

Allergies? Food _____

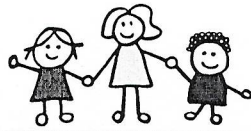
Medication _____

Name of Child's Physician _____

Telephone Number _____

Address _____ Last Examination _____

Parent/Guardian Signature _____ Date _____



GROSVENOR

Nursery School

Photo Release Form

I _____ give permission for Grosvenor Nursery School Staff to photograph my child _____ for the following purposes

Type of Use:	Give Permission	Decline Permission
During class activities and special events for the purpose of promotion of Grosvenor Nursery School. (will be notified)	<input type="checkbox"/>	<input type="checkbox"/>
for the purpose of documenting learning.	<input type="checkbox"/>	<input type="checkbox"/>
post pictures of your child taking part in classroom learning activities on Grosvenor's Facebook page. Children will not be identified by name.	<input type="checkbox"/>	<input type="checkbox"/>

*The photographs will be displayed for the parents viewing in the entrance of the school. The photographs will be removed for the weekend.

Documentation Pictures – Please be aware that Some of our parents have signed that they do not wish to have pictures of their children shared publicly. We are requesting that parents do not take pictures of our documentation photographs that are posted in the entrances of the school.

Signature _____

Date _____

Dear Grosvenor Family,

I _____ give permission for my personal information such as child and parent's names, telephone number, home and email addresses to be printed on a class list solely for the purpose of distribution to the families and teachers in my child's class.

Yes__

Signature_____

No__

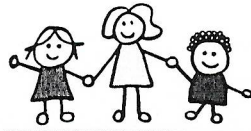
Date_____

Child's Name_____

Please let us know your child's two favourite interests.

1. _____

2. _____



GROSVENOR

Nursery School

The Ministry of Education requires written permission for children to use hand sanitizer. Hand sanitizer can be utilized when a sink for hand washing with soap and water is not readily available. The Ministry of Education encourages the use of hand sanitizer with 70% alcohol content or higher upon arrival to the entrance of Grosvenor Nursery School. Children will be supported to wash their hands at Grosvenor Nursery School throughout the day.

Please indicate below if you give permission for your child to use hand sanitizer under teacher supervision at Grosvenor Nursery School:

Child's Name: _____

I give permission for my child to use hand sanitizer at Grosvenor Nursery School.

do not give permission for my child to use hand sanitizer at Grosvenor Nursery School.

Signature of Parent/Guardian Date