

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 5 mornings (Mon.-Fri.) -- 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 \$235.40 per month, may be made either by:i) submitting with this application four postdated cheques in total: 3 for 706.20 each dated Sept. 1/23; Dec. 1/23; March 1/24, and 1 postdated cheque for \$235.68 dated June 1/24.ii) submitting with this application ten postdated cheques for \$235.68 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 3 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 this application.

How did you learn about Grosvenor Nursery School? _____

(School Copy)

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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 4 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

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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.



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 _____



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. _____



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

Instructions for Using ICON:

1. Visit www.healthunit.com/immunization

- You will need your child's valid Ontario Health Card Number (OHCN) and the postal code registered to the card
- Follow the instructions on the screen to view and enter the vaccine dates
- Always upload a picture of the record
- If you have difficulty, you may need to call the Health Unit to obtain your child's "immunization ID number"
- Keep track of your PIN to log-in and access records anytime from your computer/mobile device and to add vaccines or download your child's yellow immunization card
- You can now print the record or save it on your computer at home
- If your child does not have an Ontario Health Card, please call to make other arrangements



Don't forget to give a copy of your child's immunization record to the child care centre!

If you have other children, you can enter immunization information for them as well. If your other children are in school, they will already exist in ICON. You can make sure their record is complete and correct.

Children may be exempt from mandatory immunizations for medical or for conscience or religious belief reasons. Visit <https://www.healthunit.com/immunization-babies-and-preschool-children> for more information.

Please call the Health Unit if you have questions, if you need help using ICON, or require an alternate method of submitting records to the Health Unit.

Thank you,

Vaccine Preventable Disease Team
519-663-5317 ext. 2330