

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Postal Code \_\_\_\_\_ -- \_\_\_\_\_

**We hereby make application for enrollment 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 enrollment of the said child agree that:**

1) He/She will attend 3 afternoons (Tues.-Thurs..) -- 12:55 am to 3:30 pm.

2) (a) One hundred seventy five dollars (\$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. 1/22; Dec. 1/22; March 1/23, and 1 postdated cheque for \$155.94 dated June 1/23.

ii) submitting with this application ten postdated cheques for \$155.94 each dated Sept. 1/22 through June 1/23.

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) We agree to support the annual Silent Auction Fundraiser held in April. This will include the donation of items, the purchase of tickets and attending the event.

6) 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.

7) All children must be 2.5 years of age by December 31st.

**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)



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**(Parent Copy)**



**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 \_\_\_\_\_

Parent \_\_\_\_\_

Is your child's immunization record up to date? Yes \_\_\_\_\_ No \_\_\_\_\_  
(please provide us with a copy)

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 \_\_\_\_\_



Record of Child's Development Form

Start Date \_\_\_\_\_

End Date \_\_\_\_\_

(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 \_\_\_\_\_

Parent's Work # \_\_\_\_\_ Parent's Work # \_\_\_\_\_

Work Address \_\_\_\_\_ Work Address \_\_\_\_\_

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

Parent \_\_\_\_\_ Parent \_\_\_\_\_

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.

\_\_\_\_\_

\_\_\_\_\_



**Photo Release Form**

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

<b>Type of Use:</b>	<b>Give Permission</b>	<b>Decline Permission</b>
During class activities and special events for the purpose of promotion of Grosvenor Nursery School.	<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.**

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_





## Information from the Middlesex-London Health Unit's Vaccine Preventable Disease Team

To Parents of Newly Registered Children,

Welcome to licensed child care! The Middlesex-London Health Unit partners with this centre to help protect your child's health. Centres in Ontario follow the *Child Care and Early Years Act* and part of this law says that children who attend child care must be immunized against specific diseases. **Children attending centres must have an up-to-date immunization record on file with the Health Unit AND with the centre.**

This letter will help you make sure your child has received all of the mandatory immunizations and explains how to submit your child's immunization record to the Health Unit AND the child care centre.

### Children require the following vaccines to attend licensed child care:

- Tetanus, Diphtheria, Pertussis, Polio, Hib – given at 2, 4, 6 and 18 months old
- Measles, Mumps, Rubella – given at 12 months old
- Meningococcal-C Conjugate – given at 12 months old
- Pneumococcal Conjugate 13 ("Prevnar") – given at 2, 4 and 12 months old
- Varicella (chickenpox) – given at 15 months old

### How to Submit your Child's Record to the Health Unit

Parents can submit immunizations to the Middlesex-London Health Unit securely online using **ICON (Immunization Connect Ontario)**.

#### Benefits of Using ICON:

- Provides a central place for parents to update and print their child's immunization record
- Records won't be lost if your doctor moves or retires
- It is the same system that you will need to use when your child is in elementary and secondary school. You can update the record as your child receives more doses in the future
- If you move, your child's record will move to their new school and health unit district anywhere in Ontario

