

# TREE OF LIFE PLAYSCHOOL INITIAL INTAKE FORM

## I. CHILD'S NAME:

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Last Name First Name Middle Name/s

Home (Mailing) Address:

\_\_\_\_\_  
Postal Code: \_\_\_\_\_

Birthdate: (YYYY/MM/DD) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Age - Sept 2025 yrs \_\_\_\_ months \_\_\_\_

Age - Sept 2026 yrs \_\_\_\_ months \_\_\_\_

Age - Sept 2027 yrs \_\_\_\_ months \_\_\_\_

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

## 2. APPLYING FOR:

The Playschool Program is most suited to children 3 years to 5.5 years but is licensed for ages 30 months to school age, allowing only 2 children under 3 to join at the same time.

New intake is often in September but if you have different request please indicate here:

Desired Date of Entrance to Playschool: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ YYYY / MM / DD

Hours of Care Requested: possible options are:

5 days a week Mon to Fri. 9:00 to 3:00

3 days a week 9:00 to 3:00 (Mon., Tues. and Wed. or Wed., Thur. And Friday)

2 days a week 9:00 to 3:00 (Monday and Tuesday or Thurs. and Fri)

Indicate which consecutive days are preferred:

MON \_\_\_\_\_ TUES \_\_\_\_\_ WED \_\_\_\_\_ THURS \_\_\_\_\_ FRI \_\_\_\_\_

Provide more details if necessary \_\_\_\_\_

## 3. PARENT/GUARDIAN INFORMATION

Parent/Guardian #1

\_\_\_\_\_, \_\_\_\_\_  
Last Name First Name

Relationship to Child: \_\_\_\_\_

Phone: \_\_\_\_\_ 2nd Phone: \_\_\_\_\_

Email Address for correspondence: \_\_\_\_\_



## TREE OF LIFE PLAYSCHOOL INITIAL INTAKE FORM

Parent/Guardian #2

\_\_\_\_\_, \_\_\_\_\_  
Last Name First Name

Relationship to Child: \_\_\_\_\_

Full Mailing Address (if different from the child's full mailing address above):

\_\_\_\_\_  
Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ 2nd Phone: \_\_\_\_\_

Email Address for correspondence: \_\_\_\_\_

Custody Arrangements (if applicable)

Are there custody arrangements pertaining to legal right of access to your child? \_\_\_\_ YES \_\_\_\_ NO

If YES, please provide a copy of the appropriate legal documentation (e.g., court order).

Name(s) of custodial parent(s): \_\_\_\_\_

### 4. PARENT/GUARDIAN SIGNATURE:

Date of Application: (YYYY / MM / DD) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

I have read Tree of Life Playschool's Parent Hand Book \_\_\_\_yes \_\_\_\_no

Signature of Parent/Guardian: \_\_\_\_\_

### 5. RETURN THE COMPLETED FORM TO:

Wendy Harmer, Admin.Assistant: wendyharmertol@gmail.com

#### Any questions please ask:

Kate Lawes, Director - kate@treeoflifeplayschool.ca

Thank you for your interest in Tree of Life Playschool

#### For Office Use Only:

Application Received Date: \_\_\_\_\_ Waitlisted: \_\_\_\_\_

Application Fee Paid: \_\_\_\_\_ Directors Signature: \_\_\_\_\_