**1. CHILD**’**S NAME:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name First Name Middle Name/s

Home (Mailing) Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Birthdate: (YYYY/MM/DD) \_\_\_\_\_\_ /\_\_\_\_/\_\_\_\_ Age Sept 2020\_\_\_\_ Age Sept 2021\_\_\_\_

Age Sept 2022\_\_\_\_ Age Sept 2023\_\_\_\_

**2. APPLYING FOR:**

Parent and Child Program, 2020-2021 (ages 2 to 3, Fridays 10:30 to noon) \_\_\_yes \_\_\_\_no

And/Or

Playschool Program (ages 2 yrs, 10 months to 5 years, 10 months - your child cannot turn 6 within the school year)

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

Hours of Care Requested: possible options are Mo.n to Fri. 9:00 to 3:00, 2 days a week 9:00 to 3:00 (Thurs. and Fri.), 3 days a week 9:00 to 3:00 (Mon., Tues. and Wed) or half days 9 to12:30 (Tue./Wed./Thurs.)

Indicate which 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Postal Code:\_\_\_\_\_\_\_\_\_\_\_

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

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

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) \_\_\_\_\_\_\_\_/\_\_\_\_/\_\_\_\_

Printed Name of Parent/Guardian completing this form:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have read Tree of Life Playschool’s Policies and Procedure: \_\_\_yes \_\_\_\_no

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

**5. RETURN THE COMPLETED FORM TO:**

Kate Lawes, Director - Email: kate@mumbo.ca

SEND $50 non refundable Initial Intake Form Fee by e-transfer to kate@mumbo.ca

(Security Question: What city do we live in? Answer: Victoria)

Thank you for your interest in Tree of Life Playschool, I will be in touch with you soon about arranging a personal tour.

Kate Lawes, Director, Tree of Life Playschool

**For Office Use Only:**

Application Received Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Waitlisted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Application Fee Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Directors Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_