



FERN HILL SCHOOL

APPLICATION FOR ADMISSION

APPLICATION

child's name	date of birth (dd.mm.yy)	sex
home address	city	province postal code
parent 1	home phone	work phone
cell phone	email	profession
employer	work address	
parent 2	home phone	work phone
cell phone	e-mail	profession
employer	work address	

MEDICAL AND EMERGENCY INFORMATION

health insurance number	name of doctor	telephone
medical info	allergies	
emergency contact person (other than parent)	emergency contact home telephone	emergency contact work telephone
names of people to whom child may be released	custody arrangements of which we need to be aware	do you have a court order?* Y <input type="checkbox"/> N <input type="checkbox"/>
parent 1's signature authorizing registration	parent 2's signature authorizing registration	

REGISTRATION DETAILS

nursery school – 2-yr-olds	<input type="checkbox"/> mon/wed/fri am <input type="checkbox"/> extended day	<input type="checkbox"/> tue/thurs am <input type="checkbox"/> extended day	<input type="checkbox"/> mon-fri am <input type="checkbox"/> extended day
nursery school – 3-yr olds	<input type="checkbox"/> am <input type="checkbox"/> pm mon/wed/fri	<input type="checkbox"/> am <input type="checkbox"/> pm tue/thurs	<input type="checkbox"/> am <input type="checkbox"/> pm mon-fri
junior kindergarten	<input type="checkbox"/> mon-fri am	<input type="checkbox"/> mon-fri full day	
senior kindergarten	<input type="checkbox"/> mon-fri full day		
grade school	grade level: _____		
early drop-off (8-8.50 am) days child will attend	lunch (for AM children only) days child will attend	after school care (3-5.30 pm) days child will attend	

MARKETING SURVEY

please indicate how you came to be aware of Fern Hill School

* if yes, please send a copy with this registration form.

information is confidential when complete