



The Greenwood Schoolhouse

CHILD INFORMATION			
Name:		Date of Birth:	
Home Address:			
Admission Date:		Anticipated Withdrawal Date:	
MEDICAL INFORMATION – Child’s Doctor			
Name:		Phone #:	
Address:			
Ontario Health Card Number:			
Any allergies, medical or other conditions we should be aware of?			
History of communicable diseases:		<input type="checkbox"/> Chicken Pox <input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Pertussis <input type="checkbox"/> Other	
PARENT/GUARDIAN INFORMATION - Relationship to child			
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____ <input type="checkbox"/> Living with Child			
Name:		Email Address:	
Address (if different from above):			
Work Address:			
Mobile #:		Work #:	Home #:
PARENT/GUARDIAN INFORMATION - Relationship to child			
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____ <input type="checkbox"/> Living with Child			
Name:		Email Address:	
Address (if different from above):			
Work Address:			
Mobile #:		Work #:	Home #:
ALTERNATE PICK-UP PERSON INFORMATION			
Name:		Phone #:	
Name:		Phone #:	
Name:		Phone #:	
ALTERNATE EMERGENCY CONTACT			
Name:		Phone #:	
Address:			



The Greenwood Schoolhouse

Days/Times of Attendance

Academic Enrichment (Ages 3-6):

Mornings:

Monday/Wednesday/Friday (9:00-11:30 AM)	\$480/month ____
Tuesday/Thursday (9:00-11:30 AM)	\$320/month ____
Monday-Friday (9:00-11:30 AM)	\$800/month ____
Alternate Combination of days (9:00-11:30 AM)	\$____/month ____

Which days? _____

Afternoons:

Monday/Wednesday/Friday (1:00-3:30 PM)	\$480/month ____
Tuesday/Thursday (1:00-3:30 PM)	\$320/month ____
Monday-Friday (1:00-3:30 PM)	\$800/month ____
Alternate Combination of days (1:00-3:30 PM)	\$____/month ____

Which days? _____

Registration is from September-June of each year. 60 days' notice prior to the 1st of the month is required to withdraw without penalty. In order to hold your child's space post-dated cheques for each month must be provided (from start date to June). A non-refundable \$125 registration fee applies to all new students.

Please initial below:

_____ I have read, fully understood and agree to the terms and conditions of The Greenwood Schoolhouse as outlined in the "Parent and Guardian Handbook".

_____ I have filled out the "Media Release for Minor Children" form.

_____ I have provided a photocopy of my child's record of immunization.

_____ I have provided a \$125 non-refundable registration fee.

_____ I have provided post-dated cheques (dated for the 1st of each month from the start date until June 1st). Please note: Cheques are made payable to **9458034 Canada Ltd.**

Parent's Signature: _____

Date: _____



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Media Release for Minor Children

The Greenwood Schoolhouse (9458034 Canada Ltd.) offers academic enrichment, creative arts, mathematics classes and tutoring. The Greenwood Schoolhouse (9458034 Canada Ltd.) might wish to use images of people in marketing and promotional material, layouts displayed at shows, websites, postcards and other materials.

On behalf of the minor person or persons named below, I certify that I am the

parent or guardian of _____

Name of minor(s)

an infant, child or juvenile under the age of 18 years who resides with me at the address given below, and I hereby give The Greenwood Schoolhouse (9458034 Canada Ltd.) permission to use photos/videos/voice recording, including the above minor or minors, which are in good taste. I understand the photos/videos/voice recording will be used for informational, instructional and/or for any other commercial purposes. I understand the photos/videos/voice recording may be used throughout the world, via media outlets (Facebook, YouTube, Twitter, etc.) for informational and instructional purposes. I understand that the Works may appear in electronic form on the internet or in other publications outside of The Greenwood Schoolhouse (9458034 Canada Ltd.)'s control. I agree that I will not hold The Greenwood Schoolhouse (9458034 Canada Ltd.) responsible for any harm that may arise from such unauthorized reproduction. I have not been compensated nor will I seek compensation for the photos/videos.

Parent/Guardian signature _____

Address _____

Phone number _____

Date _____