

Kid's Palace Nursery School

20 Mississauga Valley Blvd. Mississauga ON L5A 3S1
Phone/Fax : (905)275-3657 Email : info@kidspalace.ca

2023 Applicant Waitlist Form

Waitlist Number: _____

Kids Palace Nursery School would like to thank you for your interest in our centre. By completing this form; your child will be added to Kids Palace Nursery Schools waitlist for enrolment. All Registration forms are kept in sequence and notice of vacancy will be made available in a manner that maintains the privacy and confidentiality of all listed children and their families. Prior to Admission, a non-refundable registration fee of \$94.50 will be charged upon enrolment into the centre. **Prospective candidates are required to ensure all necessary applications and documentations are completed in full and returned 48 hours** prior to your child's indicated start of care date. All candidates must be willing to comply with the policies and procedures as indicated within the centre's Parent Handbook. The failure or unwillingness to comply will result in the immediate termination of the application process. Please note, a payment of deposit must be made in full 48 hours prior to the start of care and or when returning the application package. This deposit of three weeks includes; your child's first week of care as well as two weeks following the notice of withdrawal.-which may have to be adjusted if childcare fee's change and or are adjusted. All childcare fee's, at minimal, are to be paid weekly on Friday's prior to the commencement of the new care week.

Program Information:

Expected Start Date: _____

Room	Scheduled Days	Estimate Arrival and Departure	
	M T W TH F Full Time/ Nursery/Part-time B & A /Before School/ After School School Name:		

Child's First and Last Name		Date of Birth (MM/DD/YYYY)	
Address		City	Postal Code
Name of Parent/ Guardian		Contact Number	
Relationship to Child:	Email:		
Name of Parent/ Guardian		Contact Number	
Relationship to Child:	Email:		

Parent/Guardian Signature

Date

Kids Palace Nursery School

Date

Fixed Registration Fee	Expected Start Date	Payment Date	Method Of Payment	Total Amount Paid
\$94.50				

Application Package Due Date: _____

Family Intake Form

Date: (mm/dd/yyyy) ____/____/____ Date of Birth: (mm/dd/yyyy) ____/____/____

Student Name: _____ Name of Guardian(s): _____

We speak these language(s) in our home: _____

Have you been in a childcare setting before? **(Circle one)** Yes or No

What do you enjoy doing as a family? _____

What are some things you are working on at home with your child? (e.g. Dressing themselves, zipping zipper, counting to 20, communicating verbally etc.)

How can we help your child reach these goals?

Where and with whom does your child spend most of their time? _____

What is the main way you communicate in your home (e.g. face to face, phone, text messages)?

How does your child communicate? (e.g. Verbally, sign language, visual cues). What language(s) does your child prefer to speak?

What is your child's eating habits like? Can they eat solids? Are they fussy eaters? _____

What is your child's sleeping habits like? Do they nap? Fall asleep on their own?

Does your child have any sensory sensitivity? (e.g. Loud sounds, food textures, sensory materials) _____

What are your child's strengths? (e.g. loves cleaning, can read at 3 years old)

What else would you like us to know about you and your family? _____

For Office use only:
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