



Application for Admission

Sandcastle Park Children's Centre

Unit 8 – 3060 Chatham Street

Richmond, BC V7E 6L9

Tel: 604.274.8380

Fax: 604.274.8370

Please return application form with \$100 non-refundable application fee

Name of Child:

First

Surname

Preferred Name

Date of Birth:

DD/MM/YY

Boy

Girl

Home Address:

Address

City

Province

Postal Code

Home Telephone:

Cellular Phone:

Email Address:

Mother's Name:

Business Phone:

Father's Name:

Business Phone:

of Adults Living at Home With Child:

Languages Spoken at Home:

Siblings

Name:

Age:

Name:

Age:

Name:

Age:

Who, besides immediate family regularly takes care of the child:

Name:

Relationship:

Preferred class schedule:

Full Time

3 Days a Week

2 Days a Week

Signature

Date

About your Child

What sorts of things does your child like to do?

Alone: _____

With Others: _____

Are playmates readily available? Yes No

Which activities can your child handle by him/herself:

Dressing

Washing

Eating

Toileting

Picking up

Brushing Teeth

What kinds of programs has your child previously been enrolled? _____

How did you hear about our school? _____

Does your child have any food restrictions or allergies? Yes No

About Families

Do you spend any time specifically and exclusively with your child? Yes No

How do you spend this time? _____

What does family time mean to you? _____

Do you have any specific skills, interests or hobbies you would be willing to share with the children at school? _____

Are there any specific traditions or holidays your family celebrates that you would be willing to share with the children at school? _____

Additional Comments: _____