

APPLICATION FOR ADMISSION



SANDCASTLE PARK CHILDREN'S CENTRE

Unit 8 – 3060 Chatham Street
Richmond, BC V7E 6L9

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www.sandcastlepark.ca

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

AM Half Day

PM Half Day

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

Toileting

Washing

Picking up

Eating

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: _____