



2010/11

## Junior Kindergarten Student Application Form

**Please enclose in Students Application Envelope**

The Junior Kindergarten Program for three and four year old children has three programming choices. **Children must be toilet trained prior to the beginning of the school program.** Please indicate your programming choice on the line provided. Forms will be dated and time stamped as placement will be made on a first received, first placed basis. You will be notified if we cannot accommodate your choice. Please attach a copy of your child's birth certificate to this application.

A.M. Program only \_\_\_\_  
9:00 – 11:45 A.M.

P.M. Program only \_\_\_\_  
12:45 – 3:30 P.M.

A.M. and P.M. Program \_\_\_\_  
9:00 – 11:45 A.M. and  
12:45 – 3:30 P.M.

\*Before school supervision \_\_\_\_  
Monday to Friday  
8:00 A.M. – 9:00 A.M.  
\$850.00

\*Lunch supervision \_\_\_\_  
Monday to Friday  
11:45 A.M. – 12:45 P.M.  
\$350.00

\*After school supervision \_\_\_\_  
Monday to Friday  
3:30 P.M. – 5:30 P.M.  
\$900.00

\* You will receive an invoice for these supervision programs.

Student's Name \_\_\_\_\_ Hebrew Name \_\_\_\_\_ M  F   
(first) (last)

Address: \_\_\_\_\_ Postal Code \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Phone: \_\_\_\_\_  
(mm/dd/yy)

Lives with: Both parents  Mother  Father  Guardian

Citizenship: \_\_\_\_\_ Date of Immigration: \_\_\_\_\_

Family Information:	Father	Mother
Given Name:	_____	_____
Surname:	_____	_____
Address: (if different from student)	_____	_____
Postal Code:	_____	_____
Home Phone:	_____	_____
Work Phone:	_____	_____
Cell Phone:	_____	_____
Place of Employment:	_____	_____
Occupation:	_____	_____
Email Address:	_____	_____

Emergency Contacts (in addition to parents):

1. \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
2. \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

A student fee of \$40 must accompany this application if you are registering for half day only. The student fee for the combined a.m. and p.m. program is \$80. These fees are separate from parental contribution. Cheques payable to Gray Academy, must be post-dated to September 1, 2010.

Office Use

\$40/\$80 enclosed: Cash  Cheque  Received \_\_\_\_\_

Birth Certificate received \_\_\_\_\_

# Student Information



## Student Sibling Information

Name

Age

School

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please list one or two names of children you would like your child to be with

\_\_\_\_\_

\_\_\_\_\_

## **MEDICAL INFORMATION**

Manitoba Health Registration #: (6 digits) \_\_\_\_\_

Student's Personal Health I.D. #: (9 digits) \_\_\_\_\_

Allergies: Yes  No

Please list allergies and other medical conditions or pertinent information about your child:

\_\_\_\_\_

\_\_\_\_\_

Prescribed medication taken: \_\_\_\_\_

## Identification

First time Gray Academy students must attach a copy of official identification (eg. Birth Certificate, Passport, Immigration papers).

## Day Care Information (if applicable)

Name of Daycare: \_\_\_\_\_ Telephone: \_\_\_\_\_

Contact person: \_\_\_\_\_

## Field Trip Permission

I/we do hereby give my/our permission for my/our child to participate in school sponsored field trips held outside the school.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## Publishing Permission

I/we do hereby give my/our permission for Gray Academy to copyright, publish or use my/our child's likeness in whole or in part for reproduction in any publication or advertising.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## Student Directory

I/we do hereby give my/our permission for Gray Academy to publish my/our child's name, my/our name(s), address and phone number in the school directory.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## Release Permission

Name of individuals to whom my child may be released; eg., car pool drivers, grandparents, aunts, uncles, friends. Children may be released to other individuals if prior written notice is given to the teacher.

Name	Cell #	Phone #

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_