

**BALDWIN PRE-SCHOOL CENTRE  
ACADEMY BALDWIN NURSERY SCHOOL**

**APPLICATION FORM**

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address (please include city and postal code):  
\_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Business Name/Address: \_\_\_\_\_

Business Name/Address: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Names of People Allowed to Pick Up Your Child(ren):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Health Card Number: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Starting Date: \_\_\_\_\_

Special Medical Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sessions/Week: \_\_\_\_\_

Date Withdrawn: \_\_\_\_\_

Signature: \_\_\_\_\_

**For Office Use Only**

Registration Fee Paid \_\_\_\_\_

Initial Payment Paid \_\_\_\_\_