



ADMISSION APPLICATION

APPLICANT INFORMATION

Name of the child: _____
First Middle Last Preferred

Home Address: _____
Street City

Area: _____ P.O.Box: _____

Male Age: _____ Date of Birth: _____ Place of Birth: _____
 Female

Applying for: Half Day (8.00-12.30)
 Half Day Extended (8.00-14.00)

FAMILY INFORMATION

Parent/Guardian 1: _____ Relationship to Child: _____

Home address (if different from applicant):

Occupation:

Employer:

Work Address:

Email: _____ Cell phone:

Home Phone: _____ Business phone:

Community Activities (Volunteer, Board, Service, etc.):



Parent/Guardian 2: _____ Relationship to Child: _____

Home address: (if different from applicant):

Occupation:

Employer:

Work Address:

Email: _____ Cell phone:

Home Phone: _____ Business phone:

Community Activities (Volunteer, Board, Service, etc.):

If necessary, please clarify custody, living and visitation arrangements:

EMERGENCY CONTACT (other than parent/guardian)

Emergency Contact: _____

Home address:

Email: _____ Cell phone:

Home Phone: _____ Business phone:

If, in the case of an emergency, the parent/guardian is not able to reach the kindergarten promptly and we have to arrange for the child to be taken to hospital, which hospital should your child be taken to:



PICKUP PERSON 1 (if different from parent/guardian)

Pickup Person: _____

Home address:

Cell phone:

Position: Driver
 Nanny
 Relative
 Other: _____

Please attach a
picture

PICKUP PERSON 2 (if different from parent/guardian)

Pickup Person: _____

Home address:

Cell phone:

Position: Driver
 Nanny
 Relative
 Other: _____

Please attach a
picture



EDUCATION

Does your child have previous group experience? Yes No

Current School Name: _____ Independent/Private
 Waldorf
 Public

Dates of Attendance:

Address:

School Phone: _____ Teacher's name: _____

Other schools attended in the past three years:

Name	City	Country	Dates of Attendance

GENERAL INFORMATION

Applicant lives with:	<input type="checkbox"/> Parent/Guardian 1	<input type="checkbox"/> Parent/Guardian 2	<input type="checkbox"/> Both	<input type="checkbox"/> Other
Where should materials be mailed:	<input type="checkbox"/> Parent/Guardian 1	<input type="checkbox"/> Parent/Guardian 2	<input type="checkbox"/> Both	<input type="checkbox"/> Other
Check all that apply:	<input type="checkbox"/> Parents Separated	<input type="checkbox"/> Parents Divorced	<input type="checkbox"/> Parent 1 Deceased	<input type="checkbox"/> Parent 2 Deceased

First language: _____

Language(s) spoken at home: _____

Please list names of Applicant's brothers and sisters, their ages, schools now attending and their grade/year in school:

Name	Age	School	Grade/Year



PARENT QUESTIONNAIRE

How did you first learn about LEXIS Kindergarten?

Are you acquainted with members in the school community? If so, whom?

Please explain why you are interested in LEXIS Kindergarten.

Please describe your child in terms of his or her interests, temperament, strong likes, dislikes, favourite activities, toys, etc.

Please describe your family routines (how your child spends a typical day from waking up until bedtime).

Has your child been weaned? _____ Has your child been toilet trained? _____



Please describe your child's activities and experience outside the home (babysitter, play group, playmates, grandparents, etc.).

How often does your child watch TV/videos, use the computer or other forms of screen media?

Please describe your child's developmental milestones (such as crawling, standing, walking, talking, loss of teeth).

Birth of the child: Caesarean Regular

Please indicate any complications (breech, premature or others):

Has your child undergone any operations, surgical procedures or severe illnesses?

Are any medications given to the child regularly: Yes No

If yes, please describe which medication(s) and for which condition(s).

Has your child ever had educational or psychological testing and/or early intervention?



Does your child have any physical, emotional, or academic issues that her/his teachers should be aware of? Please include allergies (and related dietary restrictions), learning issues, speech problems, developmental delays, etc. List any previous and current therapies.

I do not want recognisable pictures of my child/ren appear on LEXIS social media posts or LEXIS printed materials.

LEXIS Kindergarten does not discriminate against children or their families on the basis of race, gender, sexual orientation, marital status, religion, national or ethnic origin, or financial status in its admissions process.

A non-refundable application fee of \$100 must accompany this application. Please enclose a cheque or money transfer confirmation with this form. A separate application for each child is needed.

Signature of parent or guardian

Date