La Citadelle



International Academy of Arts & Science



APPLICATION FOR ADMISSION

Applicant Name:		
Applying to:	School Year Daycare	Summer Daycare
Registering for:	Preparatory Kindergarten	Pre-Kindergarten
	Academic Year	Start Date (for mid-year entries)
	Application Checklist	
	☐ Completed & Signed Application Form	☐ Copy of Health Card
	☐ Copy of Proof of Age document	☐ Copy of Immunization Record
	☐ Current Photo (headshot only)	\$200.00 Application Fee

Through play experiences a	and the guidance of specially trained sative and independent practices, while	staff, our students are henceforth e	that enhances their level of development. exposed to situations that stimulate their Lesteem and decision making.	
every child is		ng is fostered in a safe and pedag	ogically guided environment.	

SECTION 1: CHILD'S PERSONAL INFORMATION

	Application Date:	
Legal Surname(Family Name):	Legal First Name:	
Preferred Name:		
Date of Birth: yy mm dd	Male Female Health Card Number:	
Permanent Re	izen? Yes No esident? Yes No	
* If yes, please include a copy of your Permanent Reside ** If yes, please include a copy of your Student Visa wit	ent Card with the application	:
First Language Spoken:English	French Other (Please Specify):	
Home or Permanent Address: Street Num	nber Street Name	Unit Number
City	Province	Postal Code
SECTION 2: PARENT AND/OR GUARDIAN	N INFORMATION	
Student Resides with:Both Par	rentsMotherFather	Guardian:
Mother/Guardian:	Email:	
Home Number:	Cell Number:	
Work Number:	Occupation:	
Home or Permanent Address: (if different from above) Street Num	nber Street Name	Unit Number
City	Province	Postal Code
Father/Guardian:	Email:	
Home Number:	Cell Number:	
Work Number:	Occupation:	
Home or Permanent Address: (if different from above) Street Num	nber Street Name	Unit Number
City	Province	Postal Code

SECTION 3: ACADEMIC HISTORY

Previous Daycare:

Daycare Name	Ages Attended	# Months at the Daycare	Type of Daycare (Private, Public, Catholic, etc.)
			r done, cathone, etc.)
SECTION 4: GENERAL INFORM	<u>IATION</u>		
Who is authorized to pick up the	child?		
Who is legally authorized to make	e decisions regarding the child?		
Correspondence should be sent to	o: Both Parents Mother Fa	ther Other:	
Sibling Information:			
		_	
Name:		Age/Grade:	
SECTION 5: SAFETY & SECURIT	TY INFORMATION		
In the event parents/guardians car	nnot be reached please provide an emergency	contact *:	
What is the emergency contact's i	relationship to the child?		
Cell Number:	Em	ail:	
Is the emergency contact authoriz	zed to pick up your child?		
Would you like to add additional	people who may be authorized to pick up yo	ur child?*	es No
Name:	Relationship to Child:	Phone	Number:
Name:	Relationship to Child:		Number:
Name:			Number:
* valid photo identification will need	to be provided to the main office upon enrolment.		
	eedom of Information and Protection of Privacy Act, you on of La Citadelle International Academy of Arts & Scien		nformation relating to you and your child is
I/we hereby certify that all statements on the	he application and in any material filed in support hereof	are true, correct and complete and all i	
	dication for admission, I/we agree to adhere to the code of school guidelines outlined in Registration/Form S.	t behaviour, rules and regulations gov	verning the school and to promptly pay fees
Date:		&	
	Father's/Guardian's signature	Mother's	Guardian's signature

SECTION 6: PARENT QUESTIONNAIRE

Does your child take regular naps? If so, please provide information regarding the duration and sleep schedule they currently follow.	
Is the principal language spoken at home English or French? If neither, does your child understand basic instructions in either of these languages?	
With regards to communication, please provide some information on how your child communicates (i.e. uses sentences, uses words, uses sounds a	nd gestures)
Does your child participate in any activities? (i.e. swimming, dance, etc.). If so, please elaborate and provide us with the frequency with which programs.	h her/she attends these
How do you feel your child will respond socially and academically to a new learning environment?	
Please describe your child in a few sentences.	
What involvement are you interested in having within La Citadelle's school community?	
What do you feel is your role as a parent in supporting the school in its educational endeavours?	
Parent/Guardian Name: Date:	

HEALTH FORM

Nam	e of Physician:	Telephone Number:	
	Address of Physician:		
Alte	rnate Emergency Contact:	Telephone Number:	
	Address of Emergency Contact:		
Rela	tionship to Student:	Immunization Record Submitted: Yes No	
	rify any allergies, asthma or special needs the student has that we should be mad be used.	e aware of, what reaction(s)/symptom(s) the student will have and what treatment	
	rify any serious health issue for which the student may need accommodation act information, etc.	or assistance, including the details of such accommodation, emergency medical	
If the student is seeking accommodation for a disability or special circumstances requiring an IEP, please provide any information that you think would be helpful to the school in providing that accommodation including reports and recommendations from speech therapists, psychologists, eye specialists, social workers, physiotherapists, or other health care workers, as applicable.			
Please provide full details of the basis upon which any accommodation is sought for the student, or of any special medical needs that the school should be aware of in order to provide appropriate accommodation and supervision to the student.			
Can	your child fully participate in regular Physical Education and sports activities? If	answering no, please explain any limitations or required accommodations.	
Specify any special diet and rest requirements for the student.			
Provide a full history of your child's communicable disease(s), if applicable.			
Pleas	se read and complete each of the following:		
1.	To the best of my/our knowledge, my/our child is in good health. I/we hereby child has been exposed or of any changes to his/her medical condition.	agree to inform the school immediately of any infectious disease to which my/our	
2.	In the event of injury and/or emergency at school or during any school activit administer first-aid, and to obtain and/or authorize the necessary medical treatment.	y, I/we grant permission to the Headmaster or any person acting on his behalf to nent for my/our child.	
3.	In case of serious injury or emergency at school or during any school activity, I/we understand that the Headmaster or any person acting on his behalf will make the necessary arrangement to have my/our child transported by ambulance if hospitalization is required. I/we would prefer that our child be transported to the following hospital, if possible:		
4.	In case of minor health problems such as headaches, stomachaches, earaches, Acetaminophen () Ibuprofen () Other:	fever, etc., I/we authorize the school to give our child the following medication:	
5.	5. In case prescribed medication is required to be administered to our child during school hours, we agree to submit a written note to the school stating all pertinent information related to such medication, including specifics concerning dosage, frequency, storage, etc.		
I/we understand that in case of any emergency, the school will make every effort to contact one of the parents or the emergency contact person named above. If no contact can be made, I/we grant permission to the Headmaster or any person acting on his behalf to authorize the necessary medical treatment for my/our child. We also understand that in the event of a medical emergency, a medical practitioner and/or the Headmaster or any person acting on his behalf can authorize medical care. It is understood that this consent and the information given above shall remain in effect until such time as we indicate any modification of it in writing.			
Date	:Father's/Guardian's signature	& & Mother's/Guardian's signature	

"At La Citadelle, **Excellence, Compassion, Discipline, Achievement, Respect, and Harmony** are the foundation of our Excellence in Education."

Founded September 2000

La Citadelle is ...

- ... **empowering** students to become confident contributors to global society.
 - ...challenging students to build within themselves the foundations for life-long learning.
 - ... inspiring students to achieve their highest potential and attain their future goals.
 - ... **nurturing** student curiosity within a cooperative community of academic and holistic learning.

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