



# EDELWEISS PRIVATE ACADEMY Registration Form

“Reaching for the Top”

## Part 1: Personal Information Required for Registration

<b>Child Information</b>	Full Name: _____ _____
	(First) (Middle) (Last)

Home Address: _____ _____ _____	Phone Number: _____ ( ) _____
	Date of Birth: _____ (Day/Month/Year)

<b>Parent/Caregiver Information</b>	Mother's Name: _____ _____
	(First) (Middle) (Last)

Mother's Address: _____ (If not same as child's) _____ _____ Email: _____	Home Number: _____ ( ) _____
	Work Number: _____ ( ) _____
	Cell Number: _____ ( ) _____

Father's Name: _____ (First) (Middle) (Last)
---

Father's Address: _____ (If not same as child's) _____ _____ Email: _____	Home Number: _____ ( ) _____
	Work Number: _____ ( ) _____
	Cell Number: _____ ( ) _____

Legal Custody of Child: <input type="checkbox"/> Parents Together <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/>
Joint

Parent's Relation to the Child: <input type="checkbox"/> Biological <input type="checkbox"/> Adoptive <input type="checkbox"/> Foster <input type="checkbox"/>
Other

Family Marital Status: <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/>
Other

Language Spoken at Home: _____	Child's Primary Spoken/Understood Language: _____
--------------------------------	---

Other People in Household: _____
----------------------------------

Others who will be picking up the child (photo ID required for file):

Phone Number:

( )

## Part 2: Child's Developmental Milestones

1. How old was your child when he/she first crawled?

2. How old was your child when he/she first walked?

3. How old was your child when first words were spoken?

4. How old was your child when he/she spoke in sentences?

5. Has your child received behavioural therapy?  Yes  No Currently?  Yes  No

If yes, please provide details including name(s) of therapist(s), frequency, and duration of sessions:

6. Has your child received speech therapy?  Yes  No Currently  Yes  No

If yes, please provide details including name(s) of therapist(s), frequency, and duration of sessions:

7. Has your child received therapy (ie. Physiotherapy, occupational, play therapy)?  Yes  No

If yes, please provide details including name(s) of therapist(s), frequency, and duration of sessions:

**Note: If possible, please provide all copies of assessments done for diagnosis, and also any psychological, speech, or occupational therapy reports. These reports are very important to the team for programming.**

### Part 3: Child's Medical Information

**Please include a copy of your child's Health Card, Immunization Record, and Birth certificate.**

1. Does your child have a specific diagnosis or condition? Please name or explain (please clarify if you are waiting for a diagnosis and from whom):

---

---

---

---

---

---

---

---

2. Has your child had any significant medical intervention?  Yes  No If Yes, please explain:

---

---

---

---

---

---

---

---

3. Has your child ever been seriously ill (high fevers, pneumonia, etc.)?  Yes  No If Yes, please explain:

---

---

---

---

---

---

---

---

4. Has your child ever been involved in a serious accident (involving head injuries, etc.)?  Yes  No  
If Yes, please explain:

---

---

---

---

---

---

---

---

5. Is your child currently taking medication(s)?  Yes  No If Yes, please explain:

---

---

---

---

---

**Please note: If your child will be receiving therapy at TIPES while also attending Edelweiss Private Academy, please confirm who will be administering the medication and make sure you fill out a medication administration form.**

6. Eye Sight:

Date of the Child's last eye exam: \_\_\_\_\_ Does your child wear glasses?  Yes  No

If yes, when are glasses required?  
\_\_\_\_\_

7. Hearing:

Date of your child's last hearing test: \_\_\_\_\_

Previous or recurrent middle ear infections:  Yes  No History of P-E tubes:  Yes  No

Middle ear functions within normal limits:  Yes  No Hearing sensitivity within normal limits  Yes  No

Does your child have a "better" ear?  Right  Left  Both  Same  Unknown

Does your child wear hearing aids?  Yes  No

8. Is there anything else we should know about regarding your child's hearing or eyesight?

---

---

---

---

9. Favourite hand:  Right  Left  Uses both hands equally

10. Allergies:

Food:  
\_\_\_\_\_

Environmental:  
\_\_\_\_\_

Other:  
\_\_\_\_\_

## Part 4: Child's Social and Emotional Life

1. Does your child show an interest in peers?  Yes  No

2. Does your child interact with peers?  Yes  No

3. Does your child typically follow familiar instruction without resistance?  Yes  No

4. Does your child demonstrate any of the following inappropriate behaviours?

Physical aggression towards others  Yes  No

Self injurious behavior  Yes  No

Screaming  Yes  No

Excessive crying  Yes  No

Throwing items and/or other destructive actions  Yes  No

If yes to any of the above, please provide details:

---

---

5. Has your child ever been expelled or suspended from school?  Yes  No

If yes, please explain:

---

---

---

---

6. What are your child's primary dislikes?

---

---

---

7. What are your child's interests, hobbies, and enjoyed activities?

---

---

8. Behaviours (please outline any unique behaviours your child exhibits):

9. List any educational and psychological testing available at this time relative to your child (please provide):

**Part 5: Child's Educational Information**

Child's school/preschool enrollment:

(Name of school)

Address:

(Number and Street Name) (City) (Postal Code)

Board of Education (if applicable):

Educational Support (Please advise the percentage of support your child has been receiving in the classroom (ie. 50%, 100%, etc.):

If preschool, is support provided through an agency?  Yes  No  
If yes, which one?:

What are your main concerns academically?:

Which areas would you like us to focus on while in school?:



Parent Signature 1: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature 2: \_\_\_\_\_ Date: \_\_\_\_\_

**Form of Contract**

I formally state that \_\_\_\_\_ will be attending Edelweiss Private Academy  
from \_\_\_\_\_ 2019 to \_\_\_\_\_ 2020.

\$1755.00 will be deposited by the Edelweiss Private Academy on the first of every month using post-dated  
Cheques / direct bank withdrawal as provided by parents \_\_\_\_\_ and  
\_\_\_\_\_.

I hereby agree to all terms highlighted in the parent handbook.



Parent Signature 1: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature 2: \_\_\_\_\_ Date: \_\_\_\_\_

**Please note: This handbook is valid from September 3, 2019 -June 25, 2020**