

Application of Admissions



Little Feet Academy & Nursery

P.O. CB-13283

Faith Avenue South

242-341-5368

Donahue Terrace & Carmichael Rd

Opposite BFM Diplomat Centre

242-341-4503 or 242-341-0397

Prince Charles Drive 242-393-0041

St. Michaels Rd. off Prince Charles

242-393-0039

LFASCHOOL@coralwave.com

WWW.LFASCHOOL.com

ATTACH
PHOTO
HERE

_____ 20 _____

DATE OF ENTRY

(PLEASE A COPY ATTACH IMMUNIZATION CARD, PHOTO, BIRTH CERTIFICATE, NIB CARD, & PASSPORT)
APPLICATION FEE \$30.00

A. CHILD'S INFORMATION

_____ MALE OR FEMALE
LAST NAME FIRST NAME MIDDLE NAME GENDER

_____ NATIONALITY
D.O.B MM/DD/YYYY AGE PLACE OF BIRTH

_____ PASSPORT #
ADDRESS N.I.B #
Full Address (Street Name, House Number & Color)

_____ P.O. Box

B. SCHOOL HISTORY

(Only if child has attended any Pre-School or Daycare prior to LFA)

Has your child attended Little Feet Academy before? YES or NO

1. _____
School Name Grade Level Year Location

2. _____
School Name Grade Level Year Location

3. _____

School Name

Grade Level

Year

Location

A. FAMILY INFORMATION
MOTHER OR FEMALE GUARDIAN

Name Nationality Place of Birth

Street Address P.O. Box Home Number Work Number Cell Phone

Place of Employment N.I.B # Driver's Lic. # Email Address @ **Martial Status:**
Single Married
Divorce Widowed
who is Responsible for payments? Mom Dad
Religious Affiliations Church **Other:** _____

FATHER OR MALE GUARDIAN

Name Nationality Place of Birth

Street Address P.O. Box Home Number Work Number Cell Phone

Place of Employment N.I.B # Driver's Lic. # Email Address @ **Martial Status:**
Single Married
Divorce Widowed

Religious Affiliations Church

IN CASE OF EMERGENCY AND PARENTS CANNOT BE CONTACTED WHO SHOULD WE CONTACT?

NAME PHONE NUMBER(S) RELATION TO CHILD

NAME PHONE NUMBER(S) RELATION TO CHILD

NAME PHONE NUMBER(S) RELATION TO CHILD

NAME PHONE NUMBER(S) RELATION TO CHILD

LIST NAMES AND NUMBERS OF PERSONS AUTHORIZED TO COLLECT CHILD

NAME PHONE NUMBER(S) RELATION TO CHILD

NAME PHONE NUMBER(S) RELATION TO CHILD

NAME PHONE NUMBER(S) RELATION TO CHILD

NAME PHONE NUMBER(S) RELATION TO CHILD

NAMES OF SIBLINGS

NAME PHONE NUMBER(S) RELATION TO CHILD

NAME PHONE NUMBER(S) RELATION TO CHILD

B. Health Information

Name of Clinic Doctors Name Doctor's Numbers
Does the child have Health Insurance? YES or NO

Name of Insurance Company Group Number Policy Number
Can the child participate in Physical Education? YES or NO

In case hospitalization is necessary please indicate which hospital you wish for your child to be taken to?
Princess Margaret Hospital Doctors Hospital Other: _____

Please circle any of the following conditions your child may suffer from:
Allergies Asthma Congenital Abnormalities Convulsions/Epilepsy
Frequent Headaches/Migraines Fainting Hearing Difficulties Heart Problem
High/Low Blood Pressure HIV Kidney/Urinary Infections Orthopedic Problems
Please Explain:

Does your child wear spectacles (glasses)? Yes or No
IS this child under special medication? Yes or No
Does this child routinely take medication? Yes or No
Any known allergies to medication? Yes or No
If yes to any of the above, please explain: _____

Please list (in detail) any know emotional problems with child: _____

Please list any surgical operations and approximate dates: _____

CHARACTER COUNTS

LFA's character education program is called Character Counts. This program is centered on the Common vocabulary of six pillars of character: Trustworthiness, Respect, Responsibility, Fairness, Caring, and Citizenship. These pillars will be part of daily classroom instruction and the school discipline policies. Students are recognized throughout the school year for actions that exemplify the six pillars.

DISCIPLINE POLICY

The purpose of the LFA discipline policy is to guide children to be people of character. We Strive to improve student behavior rather than punish children for misbehavior. Teachers manage most discipline problems in class (**without spanking**), but inform families and the Principal and Director when a child repeatedly fails to follow the school rules and instructions.

FIGHTING/BITING/SWEARING

Students that have problems such as fighting, biting and swearing, parents will be called in and disciplinary actions will be taken. In the event that there is no change in the Childs behaviors, that child will be expelled from Little Feet Academy.

ABSOLUTELY NO

Hair Beads
Jewelry (gold, silver or costume)
Land Belts
Toys

DISCIPLINE

Please note the Principal, Administrator or the Director, gives spankings.
Company policy does not allow teachers to spank a child.

Are we allowed to discipline your child by means of spanking in the hand or on the buttocks when needed?

() Yes () No

If no, list ways in which you would allow us to discipline child if needed.

Parent/Guardian Agreement Form

Please read document carefully

1. I understand that it is my responsibility to read the parent hand book, newsletters and other communications produced by Little Feet Academy & Nursery Ltd; to keep informed of schools policy, general school information and other necessary information.
2. I understand that I am expected to meet my financial obligations on the 27th day of each month for the upcoming month. (For persons paying monthly), August 27th, November 27th and February 27th (for persons paying by the term) Or Tuition that is due every Monday (For persons paying weekly @ *the locations that offers weekly tuitions rates*). **Registration, Tuition, books and uniforms are NON refundable and NON transferable, Tuition fees are NOT PRO RATED.**
3. I understand that the tuition must be paid at the Banks set forth by the school, Online through the schools WEB SITE (www.LFASCHOOL.com) or at the schools business office by Credit or Debit Cards. Persons making payments should always wait on a receipt for payments made. In this regard, I understand that a late payment fee will be assessed for any late payment. Should a cheque be returned there will be a return cheque fee and bank and vat charges.
4. I understand that is my responsibility to inform the school of any occasion when it is necessary to take my child off campus during school hours. In such cases parent/guardian are expected to sign out their child from the office.
5. It is my responsibility to see that my child attends school regularly, on time and fully clad in school's uniform, unless prior permission was given by the administrator.
6. I understand that students are advanced to the next grade level upon successful passing and the completion of the grade he/she may be in at present.
7. I understand that it is my responsibility to partner with my child's teacher by periodically checking on the progress of my child.
8. I give my child permission to accompany the class or the school on related field trips, which takes place during school hours; upon signing this form, it is not necessary to send home additional notes to sign concerning field trips.
9. I understand that it is my responsibility to have my child adequately covered with the schools' accidental insurance.
10. I understand that in the event of minor cuts, scrapes, falls or accidents the school office will treat my child. However, in the event of a serious illness or accident, I will be contacted and ask to collect my child. In cases of emergency, Little Feet Academy reserves the right to call an ambulance or transport the child by vehicle to the nearest medical facility.
11. I understand that I will follow the schools discipline policy as outlines in the Student/Parent hand book.
12. I understand that Little Feet Academy reserve the rights to dismiss any student whose parents display dissatisfaction or non cooperation with the school in all matters pertaining to my child's education.
13. I pledge my full support to the school and promise to attend if not all most of the Parents Teachers Meetings that the school may house.
14. **In accepting a place at Little Feet Academy, I hereby consent to and agree with the rules set out in the Parent/student hand book and agree to cooperate fully with the school in all matters pertaining to my child's education.**

I AGREE TO SUPPORT THE OBJECTIVES, RULES, REGULATIONS, AND POLICIES OF LITTLE FEET ACADEMY PRESCHOOL & NURSERY LTD, AND TO ATTEND SCHEDULED P.T.A. MEETINGS, OPEN HOUSE MEETINGS, AND OTHER NECESSARY FUNCTIONS PERTAINING TO THE EDUCATION OF MY CHILD.

I UNDERSTAND THAT I AM RESPONSIBLE FOR ALL TUITION FEES IN ADVANCE AS SET FORTH BY LITTHE FEET ACADEMY PRESCHOOL & NURSERY LTD. FURTHER, I AGREE TO GIVE ONE MONTH'S NOTICE BEFORE WITHDRAWING MY CHILD FROM YOUR CARE. IN LIEU OF NOTICE, I AM OBLIGATED TO PAY ONE MONTH'S TUITION FEE.

I GIVE PERMISSION FOR MY CHILD TO TAKE PART IN ALL SCHOOL ACTIVITIES, INCLUDING FIELD TRIPS AWAY FROM THE SCHOOL PREMISES. I ALSO UNDERSTAND THAT MINOR INJURIES CAN AND MAY HAPPEN TO MY CHILD WHILE IN YOUR CARE (E.g. SCRATCHES, BUMPS AND SIMPLE FALLS) IN ADDITION, I THEREFORE ABSOLVE LITTLE FEET ACADEMY PRESCHOOL & NURSERY LTD FROM ANY LIABILITIES TO ME OR MY CHILD BECAUSE OF THESE SIMPLE INJURIES).

PARENT/GUARDIAN NAME (PRINT)

SIGNATURE

DATE

WITNESS

Child Health Assessment Little Feet Academy

CHILD'S NAME (LAST)	(FIRST)	PARENT/GUARDIAN	PHONE
DATE OF BIRTH	HOME NUMBER	PARENT/GUARDIAN	PHONE
CHILD CARE FACILITY NAME		PLACE OF EMPLOYMENT	PHONE
DOCTORS NAME	PHONE NUMBER(S)	ADDRESS	EMAIL

To Parents, Submission of this form to the child care provider implies consent for the child care provider to discuss the child's health with the child's school.

Child Care providers must document that enrolled children have received age appropriate health services and immunization.

Health history and medical information pertinent to routine child care and emergencies (describe, if any)	Date of most recent well-child exam:
Allergies to food or medicine (describe, if any)	

LENGTH/ HEIGHT	WEIGHT	HEAD CIRCUMFERENCE	BLOOD PRESSURE & TYPE
_____ ' _____ Feet/Inches	_____ Lbs	_____ Inches	_____ & _____
PHYSICAL EXAMINATION	X = NORMAL	IF ABNORMAL - COMMENTS	
Head/Ears/Eyes/Nose/Throat			
Teeth			
Cardio respiratory			
Abdomen			
Rectal			
Extremities/joints/back/chest			
Hair/Scalp/Skin/Lymp Node			
Neurologic & Developmental			
IMMUNIZATION	DATE	DATE	DATE
D.P.T Hib			
Hep. B			
Booster			
Polio			
Booster			
MMR			
MMR			
Rubella			
SCREENING TEST	DATE TEST DONE		
Anemia			
Urinalysis			
Hearing			
Vision			
ProceSSIONAL Dental Exam			
Health Problems or Special Needs, Recommended Treatment/Medications/Special Care (Attach Additional Sheets If Necessary)			
Signature of Doctor		Stamp of Doctor/Clinic & Date	