



Please email, fax or mail to: Sprouts Academy at 3215 Trutch Street, Van, BC, V6L 2T3

APPLICATION FORM

STUDENT INFORMATION

PLEASE PRINT CLEARLY

Child's Name:

(Surname)

(First)

(Middle)

Home Phone:

Address:

City:

Province:

Postal Code:

Date of Birth:

Child's Current School:

Child's School as of September:

Medical Information (allergies, physical conditions):

Siblings

Name:

Age:

Name:

Age:

Name:

Age:

PARENTAL INFORMATION

PLEASE COMPLETE Full

Mother's Name:

Address if different from above:

Home Phone:

Other Phone:

Email Address:

Father's Name:

Address if different from above:

Home Phone:

Other Phone:

Email Address:

OTHER INFORMATION

IMPORTANT

What are your child's interests and hobbies?

Why would you like your child to be a part of SPROUTS ACADEMY?

Parent's Signature:

Date:

SPROUTS ACADEMY INC.
 TEL: 604-454-8369 FAX: 604-873-4996
SPROUTS.VANCOUVER@YAHOO.CA



Deposit received:

Tuition Agreement

TUITION – To be paid in Full or by Post Dated monthly cheques Prior to September 1st 20__ school year.

DEPOSIT – A deposit is required equal to the amount of one month of tuition. Your deposit will be applied to the last month of your child’s tuition. Your deposit will be returned upon the withdrawal of your child from the program, if (i) you have given the required withdrawal notice (*see below*) and (ii) you have paid all tuition owed prior to the withdrawal date.

WITHDRAWAL/CHANGE OF SCHEDULE – You must provide four weeks notice in writing prior to withdrawing your child from the program. If you wish to return after withdrawing your child, space is not guaranteed.

HOLIDAYS – Tuition is continuous throughout the school year and guarantees a place for your child in the program for the school year, September 20__ – June 20__. Credit cannot be given for holidays, student absences or illnesses.

STUDENT ILLNESS/EMERGENCY – You authorize the teacher to obtain immediate medical care if a medical emergency occurs and you cannot be located immediately. Such care may be from a physician or hospital other than your child’s physician, if there is insufficient time first to contact your child’s physician. You authorize the teacher to make the decision of when an emergency exists.

AUTHORIZATION – Your child will be signed in and out of the program each day. A child will not be released to a person other than their parent unless the teacher has been notified in writing.

RESPONSIBILITY – You agree that you will be responsible for any loss, damage or destruction by your child of any property on the premises and for any damages for which the program becomes liable or chargeable because of your child’s actions.

I agree to the above terms and conditions.

Name of Student _____ Date _____

Parent Signature _____ Print Name _____

Parent Signature _____ Print Name _____

ACCEPTED

_____ Date _____
Mrs. Ruth (Stafford)