

140 Brooke Street, Thornhill, Ontario L4J 1Y9
(905) 889-4543

SCHOOL REGISTRATION FORM – Returning Families

Child's Name: _____ Date: _____

<p><u>PRE-NURSERY SESSION OPTIONS</u></p> <p>5 Days (Monday – Friday)</p> <p><u>NURSERY SESSION OPTIONS</u></p> <p>5 Days (Monday – Friday)</p> <p>3 Days (Monday/Wednesday/Friday)</p> <p>2-Day (Tuesday/Thursday)</p> <p>Half Day <input type="checkbox"/> Full Day</p>	<p><u>JK/SK SESSION OPTIONS</u></p> <table style="width: 100%; text-align: center;"> <tr> <td>JK</td> <td>SK</td> <td>Half Day</td> <td>Full Day</td> </tr> <tr> <td></td> <td>5 Days</td> <td>4 Days</td> <td></td> </tr> </table> <p>If 4 Days, Please indicate days: _____</p> <p style="text-align: center;"><u>BEFORE AND AFTER CARE OPTIONS</u></p> <table style="width: 100%; text-align: center;"> <tr> <td>Before</td> <td>After</td> <td>Before and After Care</td> </tr> </table>	JK	SK	Half Day	Full Day		5 Days	4 Days		Before	After	Before and After Care
JK	SK	Half Day	Full Day									
	5 Days	4 Days										
Before	After	Before and After Care										

<u>Form</u>	<u>Signature</u>
Registration Form	
Parental Acknowledgement Form	
Field Trips/Special Events	
Multi-Media Consent	
Anaphylactic Food Allergies	
Immunization Records	
Over the Counter	

With the above signatures, I authorize Thornhill Nursery School & Kindergarten to carry forward the above forms for the duration of my child's enrolment at TNSK.

Please indicate any changes to original forms: _____

Rotessa Direct Payment Terms (September – May)

Deposit (non-refundable and currently dated applied to June's Tuition) made payable by:

Total Outstanding (inc. fees)	\$
Number of installments	9
Amount per installment	\$
Frequency of installments	Monthly
First payment date	September 1 st , 20__

- Rotessa
 Cheque

For Office Use Only

Start Date: _____ End Date: _____

Deposit Paid: \$ _____