



**THE
SUNFLOWER
SCHOOL**
inspiring young minds



ENROLMENT APPLICATION

The Sunflower School is a magical place of relationships and interactions that weave parents, children and educators into a culture of learning and loving.

The Sunflower School
Lawrence
90 Lawrence Avenue Unit 74A
Orangeville, Ontario
L9W 4J3

519-307-0166

The Sunflower School
Lord Dufferin
32 First Street, M1
Orangeville, Ontario
L9W 2E1

519-307-7500

The Sunflower School
Townline
9 Townline
Orangeville, Ontario
L9W 3R4

519-938-5147

THE HUNDRED LANGUAGES OF CHILDREN

No way.
The hundred is there.
The child is made of one hundred.
The child has a hundred languages
a hundred hands
a hundred thoughts
a hundred ways of thinking
of playing, of speaking.
a hundred, always a hundred
ways of listening
of marveling, of loving
a hundred joys
for singing and understanding
a hundred worlds to discover
a hundred worlds to invent
a hundred worlds to dream.
The child has a hundred languages
(and a hundred hundred hundred more)
but they steal ninety-nine.
The school and the culture
separate the head from the body.
They tell the child to think without hands
to do without head
to listen and not to speak
to understand without joy
to love and to marvel
only at Easter and Christmas.
They tell the child
to discover the world already there
and of the hundred
they steal ninety-nine.
They tell the child
that work and play
reality and fantasy
science and imagination
sky and earth
reason and dream
are things
that do not belong together.
And thus they tell the child
that the hundred is not there.
The child says
"No way – The hundred is there."

Loris Malaguzzi

ENROLMENT APPLICATION

Please Attach
a Current
Photo of Your
Child

Full Name of Child		Date	
Date of Birth		Preferred First Name	
Home Phone Number		Age as of Today	
Program		Requested Enrolment Date	
Address			
City		Postal Code	

What do you want from The Sunflower School experience for your child?

YOUR CHILD'S FAMILY

If you are separated or divorced, please indicate with whom the child is living. If there is a custody and/or access issue, legal documents must accompany these forms

Who does the child live with? (please check one)

- Both Parents
- One Parent: (Name) _____

Parent Information

Full Name of Parent		Home Phone Number	
Cell Phone Number		Home Email Address	
Home Address			
City		Postal Code	
Occupation		Employer's Name	
Work Phone		Work Email	
Work Address			
City		Postal Code	

Full Name of Parent		Home Phone Number	
Cell Phone Number		Home Email Address	
Home Address			
City		Postal Code	
Occupation		Employer's Name	
Work Phone		Work Email	
Work Address			
City		Postal Code	

Brother's & Sister's

Name		Age	
Name		Age	
Name		Age	

Other Family Members Living in Your Home with Your Child

Name		Relationship	
Name		Relationship	
Name		Relationship	

HEALTH & MEDICAL INFORMATION

Please indicate if your child experiences or has experienced any of the following:

	Allergies		Unknown	Epi Pen Required	
Nuts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other Foods	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Latex	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bee Stings	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Medication	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If other, please specify:					
Other Dietary Restrictions:					
Behaviour Issues	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Details:		
ADHD	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Details:		
Seizures	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Details:		
Vision/Hearing Difficulties	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Details:		
Mobility Difficulties	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Details:		
Asthma	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Details:		
Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Details:		
Is your child currently or has been supported by an outside agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Details:		
Family Doctor			Telephone Number		
Address					
City			Postal Code		

History of Communicable Diseases

Disease	Date	Disease	Date
Red Measles		Chicken Pox	
German Measles		Mumps	
Scarlet Fever		Whooping Cough	
Other:		Other:	

General

Is there anything else we should be aware of regarding your child's health or medical history? Does your child have now (or has your child ever had) any medical problems of which we should be aware?

Other Dietary Restrictions

Specific List is Required

EMERGENCY CONTACTS

Every effort will be made to contact you in the event of an emergency; however, these people will be contacted if we cannot reach you. Please make sure your child is familiar with your emergency contact person

Emergency Contact #1

Full Name		Relationship	
Cell Phone Number		Home Phone Number	
Home Address			
City		Postal Code	

Emergency Contact #2

Full Name		Relationship	
Cell Phone Number		Home Phone Number	
Home Address			
City		Postal Code	

Who is Authorized to Drop Off & Pick Up Your Child?

Name		Relationship		Phone #	
Name		Relationship		Phone #	
Name		Relationship		Phone #	
Name		Relationship		Phone #	

REST OR EXERCISE RESTRICTIONS

I have the following exercise restrictions for my child:

Parent Signature	Date

PHOTOGRAPHY PERMISSION

I give my permission for my child to be photographed as part of the curriculum at The Sunflower School. All photos are for internal use only. If a photo is to be placed on the website, parent permission will be asked.

YES NO

Parent Signature	Date

SUNSCREEN PERMISSION

I give permission to The Sunflower School to apply sunscreen on my child

OR

I have supplied The Sunflower School with sunscreen to be applied to my child.

Name of Sunscreen: _____

Parent Signature	Date

COMMUNITY WALK PERMISSION

I give permission for my child to be taken on community walks. I give permission for my child to be taken to the splash pad at Every Kids park during the summer (Lawrence Location Only)

Parent Signature	Date

GUIDING CHILDREN & BEHAVIOUR

The purpose of our school and our team is to provide a warm and caring environment in which each child can play, learn and grow. Keeping in mind the development of the children, consistent limits have been set. These reflect concerns about issues of health and safety, appropriate use of toys and equipment, and respecting the rights of each child as an individual. Children respond best to positive direction, encouraging language and tone of voice. We believe a child learns respect by being given respect. Our child guidance policies reflect these beliefs. The following methods will be used as appropriate to individual situations:

- Redirection-guiding a child towards an acceptable option when engaged in an unacceptable activity
- Natural and logical consequences
- Limit setting-boundaries are developed by the team for the children as a group or for individual children, according to specific situations
- Modeling appropriate behavior
- Offering and encouraging choices
- Anticipating conflict and planning an appropriate program environment
- Positive reinforcement and encouragement

Under no circumstances will children be harmed physically or emotionally by a staff member. Contravention of this policy by staff would be dealt with under terms of employment. Also, parents, students and other adults are required to maintain this same policy while they are on the premises of The Sunflower School.

Right of Exclusion Policy

The Sunflower School reserves the right to exclude any child for whom the program offered by the school is deemed inappropriate in meeting the developmental, social or behavioral needs for the child within our group setting. Any decision regarding a child's continuance in the school will be reviewed by the Director in consultation with the Early Childhood Educator. Consultation with the parent will also take place. If parents are asked to withdraw their child, two weeks' notice will be given.

Parent Signature	Date

In the face of imminent danger to children, staff or anyone else, the school reserves the right to terminate without notice but will provide compensation for the required two week notice period. Excessive biting of more than three incidents is determined as a danger to our children.

If problems between the school personnel and parents arise and these problems affect the efficiency of the school, the situation will be discussed with the Director and parents. The solutions arrived at during this discussion will be final. It is assumed that all feasible solutions will be considered in an attempt to resolve the problem. However, in extreme cases it could include asking those parents to withdraw their child from the school.

Payment

I understand that my fees are to be paid in full every month

Parent Signature	Date

PARENT/GUARDIAN SIGNATURES

- I understand that if the Upper Grand School Board is closed due to extreme weather then so is The Sunflower School
- I understand that The Sunflower School is closed at 5 pm on long weekends
- I understand that The Sunflower School is closed on Thursday and Friday before Labour Day for repairs and maintenance and professional development for the teachers

Failure to disclose any and all information requested on our enrolment form will automatically void your child's admission to the Sunflower School. The Sunflower School's open admission and hiring policies does not discriminate on the basis of race, sex, ethnicity, or similar factors.

Parent Signature	Date
Parent Signature	Date

FOR INTERNAL USE ONLY			
Date of Enrolment		Date of Withdrawal	
Program	Schedule	1st Scheduled Visit	2nd Scheduled Visit

Toddler Teachers Initials	Date	Pre-School Teachers Initials	Date	School Age Teachers Initials	Date