



Student No.:

Application Form

Student Name : First _____ Last _____ (_____)
Chinese if applicable

Date of Birth : ____/____/____ Age : _____ Gender: M / F
 yyyy mmm dd

Home Address : _____ Postal Code : _____

Home Phone : ____-____-____ Fax : ____-____-____

Parents Information : <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Separated <input type="radio"/> Single <input type="radio"/> Widowed			
Relationship	Mother	Father	Emergency Contact Person
Name	First Last	First Last	First Last
Address			
Occupation			
Email (for office correspondence)			
Contact No.	Cell Work	Cell Work	Cell Work
Work Address			

Doctor's Name : _____ Doctor's Phone : ____-____-____

Doctor's Address : _____

Allergies :

<input type="radio"/> Peanuts	<input type="radio"/> Nuts	<input type="radio"/> Milk	<input type="radio"/> Cheese	<input type="radio"/> Egg	<input type="radio"/> Seafood	<input type="radio"/> Fish
<input type="radio"/> Strawberries	<input type="radio"/> Raisins	<input type="radio"/> Wheat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other comments or special instructions/History of communicable diseases :

I will allow Yip's to use the above information to provide my child with appropriate care or medical treatment in case of emergency.

Parent/Guardian Signature : _____

Date : _____



Other Information :

Grade Applying for : _____ For the School Year of : _____
Present School : _____ Grade : _____
Home Language(s) : _____ Does the child speak English? Yes No
Citizenship : Canadian Landed Immigrant Visa Student Other
School Schedule : Time Start 7am 8:45am (Elementary) / 9am (Montessori)
(Day School) Time End 4pm 5pm 6:30pm

Remarks : 1. Registration Fee is non-refundable and non-transferable and valid for 3 months.
2. Last month deposit is non-refundable and non-transferable.

For Office Use Only

Student Name : _____
Expected/Start Date : _____ Discharge Date : _____

Date of Registration : _____ Registration Fee : \$ _____
Grade/Class : _____ Tuition : \$ _____
Immunization Record : Copy Last Month Tuition : \$ _____
Uniform : \$ _____
Stationery & Books : \$ _____
Handled by : _____ Out-of-School Activities : \$ _____
Date : _____ Payment Total : \$ _____