



2019 - 2020 School Year

Pre-Enrolment Application

Part A: Child Information		
Last, First Name:		Primary Contact #:
Address:		
Birthdate:	Primary Email:	
Doctor:	Address:	Phone #
Part B: Parent/Guardian Information *Please include Number, Street, Town & Postal Code		
Parent/Guardian's Information	Address:	Phone # Cell #
Same as child <input type="checkbox"/>	Email Address:	
Employer	Address:	Phone #
Parent/Guardian's Information	Address:	Phone # Cell #
Same as child <input type="checkbox"/>	Email Address:	
Employer	Address:	Phone #
Part C: Medical Information (List all communicable diseases your child has been exposed to, any health concerns, allergies, and/or food restrictions)		
Allergies (Food or Medication)		
Special Health Conditions:		
Part D: Program Information (Please choose your option preference)		
NOTE: Tuition Rates for the 2019 - 2020 school year will be calculated by February 2019		
3 Hour Program	Monday, Wednesday, Friday <input type="checkbox"/> AM (8:30 - 11:30) <input type="checkbox"/> PM (2:00 - 5:00)	
Full Day Program (7:30 - 5:00)		
<input type="checkbox"/> Monday - Friday	<input type="checkbox"/> Monday, Wednesday, Friday	<input type="checkbox"/> Tuesday, Thursday

Signature: _____ Date: _____

NOTE: PLEASE SUBMIT THIS FORM WITH A NON-REFUNDABLE \$100 CHEQUE WRITTEN OUT TO HHCS

Internal Use Only		
Submission Date:	Approval Date:	Registration Fee Submitted: