



Academy Way, Kelowna, BC V1V 3A4 
 250.491.1270 
 admissions@aberdeenhall.com 
 **ABERDEENHALL.COM**

Children applying to Preschool must be at least 3 years old, by December 31 of the year they intend to commence.

\*\*Please complete one application form per student\*\*

Date of Application : \_\_\_\_\_  
dd-mm-yyyy

### STUDENT INFORMATION

Name: \_\_\_\_\_  
First Name Middle Name Last Name

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: Male  Female   
dd-mm-yyyy

Citizenship: Canadian Citizen  Landed Immigrant  Other  Please specify \_\_\_\_\_

### APPLYING FOR

School Year: \_\_\_\_\_  
 Preschool & Daycare 5 days/wk 8:45am – 5:00pm 
  Preschool 8:45am – 11:45am

*\*Aberdeen Hall has a limited number of placements for 3 year olds in our Half-Day Program (8:45am-11:45am).*

*Offers are subject to Readiness Visits and made by the Admissions Committee in partnership with parents.*

**PARENT 1**  **GUARDIAN 1**  Same address and phone number as student

Title: Mr  Mrs  Miss  Ms.  Dr.  Other  Please specify \_\_\_\_\_

Name: \_\_\_\_\_  
First Name Middle Name Last Name

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Bus. Phone: \_\_\_\_\_ Bus. Fax: \_\_\_\_\_ Bus. Email: \_\_\_\_\_

Citizenship: Canadian Citizen  Landed Immigrant  Other  Please specify \_\_\_\_\_



**PARENT 2**  **GUARDIAN 2**  Same address and phone number as student

Title: Mr  Mrs  Miss  Ms.  Dr.  Other  Please specify \_\_\_\_\_

Name: \_\_\_\_\_  
*First Name* *Middle Name* *Last Name*

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Bus. Phone: \_\_\_\_\_ Bus. Fax: \_\_\_\_\_ Bus. Email: \_\_\_\_\_

Citizenship: Canadian Citizen  Landed Immigrant  Other  Please specify \_\_\_\_\_

## PARENT AND FAMILY INFORMATION

Student resides with: Both Parents  Mother Only  Father Only  Guardian

To whom should correspondence be sent? Both Parents  Mother Only  Father Only  Guardian

Custody agreement or restraining order in place? Yes  No  If yes, please provide a copy of the documentation

## SIBLING INFORMATION

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
*First Name* *Middle Name* *Last Name*

Current School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
*First Name* *Middle Name* *Last Name*

Current School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
*First Name* *Middle Name* *Last Name*

Current School: \_\_\_\_\_



**MEDICAL INFORMATION AND LEARNING / BEHAVIOURAL BACKGROUND**

Is your child currently enrolled in a Preschool/Daycare Program? If yes, please list the provider below.

\_\_\_\_\_ Dates Attended: \_\_\_\_\_

Is your child able to easily separate from parents/guardians? Please comment below.

\_\_\_\_\_

Is your child potty trained?    Yes     No     In Progress

Please list any on-going/long term medications your child is taking? (ex) medication for ADHD, inhalers etc.

\_\_\_\_\_  
\_\_\_\_\_

Please list any special dietary concerns/allergies (ex) food, insect stings etc.

\_\_\_\_\_  
\_\_\_\_\_

Please list any learning, physical, behavioural or emotional concerns?

\_\_\_\_\_  
\_\_\_\_\_

Please list vision, hearing, or speech challenges/concerns?

\_\_\_\_\_  
\_\_\_\_\_

Has your child ever been assessed for or received Learning Assistance?    Yes     No

If, yes, provide the date of the assessment: \_\_\_\_\_ Name of Physician conducting: \_\_\_\_\_

If, yes, please provide further information on type of assessment: (Including: Occupational Therapy, Physical Therapy, Speech Language Pathology etc.)

\_\_\_\_\_  
\_\_\_\_\_

Any recent significant changes in your child's life? (ex) death, separation, move, new sibling etc.

\_\_\_\_\_  
\_\_\_\_\_

Remarks from the family (i.e. is there anything you would like to add that has not been covered in the application?):

\_\_\_\_\_  
\_\_\_\_\_



## ADDITIONAL SCHOOL INFORMATION

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Did you or your partner attend an independent school?

Yes  No  Which one? \_\_\_\_\_

Are you interested in participating in Aberdeen Hall's:

Fundraising Programs? Yes  No  Maybe  Volunteering Programs? Yes  No  Maybe

Aberdeen Hall's Preschool Program is a feeder program into our Kindergarten/Grade School. Do you plan on registering your child(ren) for future studies at Aberdeen Hall?

Yes  No  Maybe

*I/We consent to having Aberdeen Hall Preparatory School collect personal information that may include student identification, birth certificate, behavioural, academic, and health information. I/We further consent to the use and disclosure of information contained in this form and otherwise collected by Aberdeen Hall Preparatory School for the purpose of establishing, maintaining and terminating the student's or parent's relationship with Aberdeen Hall Preparatory School.*

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PRESCHOOL APPLICATION CHECKLIST

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- Application Form Completed
- Copy of student birth certificate and BC health card
- Copy of parent birth certificates and BC driver's licenses
- Legal Residency of Parents Form
- A recent photograph of the applicant
- \$200 non-refundable application fee payable via cheque, credit card, pre-authorized debit, or online at [aberdeenhall.com/admissions/apply/](http://aberdeenhall.com/admissions/apply/)

*If you have a business card,  
please attach it here.*

*Please note entry into our Early Learning Preschool Program is limited. Priority placing is given to current Aberdeen Hall families and those with siblings. Following visits/assessments days, offers will be made to new students, space dependent.*