



The Greenwoods Academy

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REGISTRATION FORM

FORM INSTRUCTIONS:

Please fill out and return this form to start the registration process for acceptance to The Greenwoods Academy.

By submitting this form you agree to the Greenwoods Academy Privacy Policy and understand that submitting this form does not imply acceptance to the Academy.

Admission is subject to space availability and your registration information may be added to a waiting list of potential candidates.

Student Information

Given Name: _____ Initial: ____ Surname: _____

Address: _____ City: _____ Prov: ____ Postal Code: _____

Birth Date: _____ Male Female First Language: _____

Program Requested:

Stepping Stones Junior Stepping Stones Senior Children's Garden Orchard House

Full day: Half day: Extended day:

Health card: _____ Allergies: _____ Epi Pen:

Physician Information

Name: _____ Phone: _____

Address: _____ City: _____ Prov: ____ Postal Code: _____

Parent/Guardian Information

Mother/Guardian 1:

Given Name: _____ Surname: _____

Home Phone: _____ Work Phone: _____ Ext. _____ Mobile: _____

E-Mail: _____

Work Address: _____ City: _____ Prov: ____

Father/Guardian 2:

Given Name: _____ Surname: _____

Home Phone: _____ Work Phone: _____ Ext. _____ Mobile: _____

E-Mail: _____

Work Address: _____ City: _____ Prov: ____

Emergency Contact Information

Contact 1 Name: _____ Relation: _____ Phone: _____ Pickup

Contact 2 Name: _____ Relation: _____ Phone: _____ Pickup

By submitting this form I agree to abide by The Greenwoods Academy admissions procedures and fees

Signature: _____ Date: _____

Office Use Only:

Date Received: _____ Planned Start Date: _____ Start Date: _____ End Date: _____