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[www.thrivekids.ca](http://www.thrivekids.ca)

## ThriveKids Program Registration Form

**Instructions: Please download this interactive form, complete parts A and B, and submit to [office@thrivekids.ca](mailto:office@thrivekids.ca) or print, complete the form, and submit it to the ThriveKids admissions team.**

### PART A: GENERAL INFORMATION

Application Date: \_\_\_\_\_ Applying for:  current year: 2020-2021  next year: \_\_\_\_\_

STUDENT INFORMATION	
Name:	Gender: <input type="checkbox"/> male <input type="checkbox"/> female
Age:	Date of Birth (dd/mm/yyyy):
Citizenship:	Place of Birth: City: _____ Country: _____
Home Address:	
HEALTH PROFILE	
Does your child have any physical challenges that would require an assistant to support them in school activities? Please describe:	
Does your child have any allergies? Please describe:	

FAMILY INFORMATION		
Mother's Name:		
Mother's Address: <input type="checkbox"/> same as son/daughter, or:		
Mother's Occupation:	Place of Work:	
Home Phone:	Business Phone:	Cell Phone:
Mother's Email:		
Father's Name:		
Father's Address: <input type="checkbox"/> same as son/daughter, or:		
Father's Occupation:	Place of Work:	
Home Phone:	Business Phone:	Cell Phone:
Father's Email:		
Parents are: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Mother Deceased <input type="checkbox"/> Father Deceased		
Student lives with: <input type="checkbox"/> Both parents, same household <input type="checkbox"/> Both parents, different households <input type="checkbox"/> Mother only <input type="checkbox"/> Father only		
Check if Applicable: <input type="checkbox"/> Joint custody <input type="checkbox"/> Sole custody mother <input type="checkbox"/> Sole custody father		

## LEARNING PROFILE

Does your child currently have an IEP or IPRC?  Yes  No If yes, please provide details:

Please describe your child's learning style or any learning disability (eg. *Is your child a more visual/ kinesthetic learner?*):

Please list you and your child's top three goals for them:

Please rate your child's abilities in the following areas:

Subject	Above grade level	At grade level	Below grade level
Reading - decoding			
Reading - comprehension			
Writing			
Math			
Science			
Social Skills			
Independent Work Ability			
Group Work			
Self-Regulation Skills / Behaviour			

## PART B: SUPPLEMENTARY DOCUMENTATION

*The Admissions Team will consider the suitability of our program for your child's requirements and whether an appropriate class and learning group is available for the applicant. To assist with this process, please include the following documents with your application if available:*

1. Most recent Report Card and/or Progress Report.
2. Most recent IEP (Individual Education Plan) if child has one.
3. Most recent evaluations, assessments or reports from any consultants.
4. Recent samples of your child's work that represent his or her abilities in math, reading, writing or other subjects.

**Information will be kept confidential.**