



## Registration Form

### Preschool Student

Child's name (first and last):

Date of birth (Month/Day/Year):

Address:

Postal code:

### Family & Contact Information

Mother/Guardian's name:

Place of employment:

Home phone:

Work phone:

Cell phone:

Email address:

Father/Guardian's name:

Place of employment:

Home phone:

Work phone:

Cell phone:

Email address:

Names & ages of siblings:

Name(s) of person (people) who will be helping in the classroom\*:

*\*All classroom volunteers must have a criminal record check completed by the end of September or within a month of registration.*

### **Names of other people who can be contacted during school hours**

Name:

Relationship to student:

Home phone:

Work phone:

Cell phone:

Email address:

### **Names of other people authorized to pick up your child from school:**

Name:

Relationship to child:

Name:

Relationship to child:

### Program Selection

How many days you would like your child to attend per week (select from dropdown): n/a

Time preference (select from dropdown): n/a

**Mornings** (select from dropdown below)

2 days (\$170/month): n/a

3 days (\$225/month): n/a

**Afternoon** (select from dropdown below)

2 days (\$170/month): n/a

If available, would you enroll your student for 5 days a week (am only) with a tuition fee of \$325/month?

What are your program expectations?





## **Health Information**

Health Card number:

Are your child's immunizations up to date? n/a

Are there restrictions on your child's physical activity? n/a

If yes, please list:

Does your child have allergies? n/a

If yes, please list:

Is your child free of any communicable diseases? n/a

**Note: Please notify staff immediately if your child has been in contact with a communicable disease.**

## **Permissions**

I, the Undersigned, give permission for my child, \_\_\_\_\_, to leave the building on outings accompanied by the teachers and parent volunteers during this current school year.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I, the Undersigned, give permission for my child, \_\_\_\_\_, to be photographed for use in promotional material for the school. I understand that school officials will strive to contact me ahead of time to let me know of the use of such material.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I give permission for my contact information to be included on a list for distribution to other parents:

Home phone number: n/a

Email address: n/a

## **Other Information (optional)**

Where did you first hear of the Preschool Fine Arts?

Why did you decide to register your child in the Preschool Fine Arts?

Notes/any additional information you would like to provide:

**With this form, please include a \$30 Registration fee and a \$2 Co-op Membership fee\*.**

**\*This membership fee is a one-time fee for families.**

**A \$100 refundable volunteer cheque is to be delivered with your tuition cheques.  
Please post-date it for June.**

**THANK YOU! We look forward to having your child in our preschool!**

