



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 (\$140/month): n/a

3 days (\$195/month): n/a

Afternoon (select from dropdown below)

2 days (\$140/month): n/a

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 \$30 supply/fieldtrip fee and a \$50 fundraising fee will also be required and payable at the start of the school year.

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!

