



Registration Form

Preschool Student

Child's name (first and last):

Date of birth (Month/Day/Year):

Address:

Postal code:

Family & Contact Information

Parent/Guardian's name:

Place of employment:

Home phone:

Work phone:

Cell phone:

Email address:

Parent/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 child:

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 (please circle): 2 or 3

Time preference (please circle): am or pm.

Mornings (please circle)

2 days (\$175/month):

3 days (\$225/month):

Afternoon

2 days (\$175/month)

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

What are your program expectations?





Health Information

Health Card number:

Are your child's immunizations up to date?

Are there restrictions on your child's physical activity?

If yes, please list:

Does your child have allergies? Yes or no

If yes, please list:

Is your child free of any communicable diseases? Yes or no

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, the Undersigned, agree that my child, _____, can be safe and successful in a group setting with a 1:7 adult to student ratio. I understand that the Preschool cares deeply about the safety and success of every child and so this criterion is very important to follow, as the Teachers are not able to provide 1:1 support in this program. In addition, my child will be fully potty trained at the start date. If they are not fully potty trained (not attending in a diaper/pull-up), we will contact the Preschool.

Signature: _____

Date:

Additional Information

List the programs and/or activities your child accesses or is involved with that provide the opportunity to interact with other children.

Describe how your child shows their feelings (when excited and when frustrated).

What languages are spoken at home?

What is your child's first language?

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 *\$50 Registration fee (includes Co-op fee), and first month's tuition.*

A \$100 refundable volunteer cheque (postdated to June) is to be included with your tuition.

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

