**Child registration form**

Registration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Start date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **CHILD’S INFORMATION** |  |
| Name |  |
| Date Of Birth |  |
| Child’s home address |  |
|  Phone number |  |

|  |  |  |
| --- | --- | --- |
| INFORMATION | MOTHER  | FATHER |
| Name |  |  |
| Address |  |  |
| Profession |  |  |
| Phone (Home) |  |  |
| Phone (Office) |  |  |
| Phone (Cell) |  |  |
| Email Address |  |  |

Child Resides With: Mother : Father: Both:

**EMERGENCY CONTACT INFORMATION:**

|  |  |  |
| --- | --- | --- |
| **INFORMATION** | **FIRST EMERGENCY**  | **SECOND EMERGENCY** |
| Name |  |  |
| Address |  |  |
| Phone (Home) |  |  |
| Phone (Cell) |  |  |

**Please put a a check for your preferences in the columns below:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| PRESCHOOL | A.M. |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Attending Daycare |  YES |  |  NO |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Need Transportation | YES |  | NO |  |  |

**PROGRAM PREFERENCE**: 2 days per week ( Tues.,Thurs.)

 3 days per week ( Mon.,Wed.,Fri.)

 5 days per week( Mon. to Fri.)

**CHILD’S HEALTH INFORMATION:**

|  |  |
| --- | --- |
| Name Of The Family Physician |  |
| Address |  |
| Phone No. |  |

|  |  |
| --- | --- |
| Alberta health card number |  |

 **MEDICAL DETAILS:**

Has your child been immunized: Yes No

Does your child have any allergies? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

if yes, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any dietary restrictions?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any condition or illness that would affect him/her at school? Yes No

If yes, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any fears? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tell us something about your child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What goals do you have for your child while attending our preschool?

Are you familiar with the Montessori philosophy? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**GENERAL INFORMATION:**

Please note that at the end of each session, your child will be handed over only to the persons authorized to collect your child as stated in the form. Children attending MMSSCDC daycare will be handed over to the room staff at the end of each session. Children using the transportation service will be dropped at the residing address and handed over to the authorized person by the door. A detailed handbook with the policies and procedures will be emailed to you or handed to you upon confirmation of registration.

To withdraw your child from the program a one month’s written notice must be provided to the Director.

How did you hear about us?

Thank you for completing the application form. A nonrefundable registration fee of $100 and ½ the fees for the first month must accompany this application to secure a spot for the preschool.

All information provided is considered highly confidential and will never be shared with anyone outside the school without parental consent.

Thank you once again for your interest in Preschool program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director Signature Date

For office use only

Paid registration fees: \_\_\_\_\_\_\_\_\_

Paid deposit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

PHOTO GRAPH WAIVER

During the school year, numerous photographs are taken to document daily classroom activities, trips, events and special activities. Some of these photographs are used for school purposes, such as bulletin board, displays, yearbooks and newsletter.

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

Child’s first and last name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To,

PRESCHOOL

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ grant and release to Scholastic Academy to use photographs, in which I and /or my children appear for use in the following category:

|  |  |  |  |
| --- | --- | --- | --- |
| NO | CATEGORY | YES/NO | PARENT INITIAL |
| 1 | The center decor |  |  |
| 2 | Annual report |  |  |
| 3 | Newsletter  |  |  |
| 4 | Publicity brochure |  |  |