



ARMSTRONG PRESCHOOL

REGISTRATION FORM

CHILD'S FULL LEGAL NAME: _____

CHILD'S PREFERRED NAME: _____ GENDER _____

BIRTHDATE: _____ CLASS Preferred: _____

START DATE (admin): _____ END DATE (admin): _____

PARENTS/GUARDIANS: _____

Address In Full: _____

Primary Family E-mail: _____

Primary Phone Number: _____ Secondary Number: _____

PARENTS/GUARDIANS (if different from above): _____

Address In Full (if different from above): _____

Phone Number: _____ Secondary Number: _____

EMERGENCY PICK UP PERSON (cannot be primary caregiver): _____

Relationship To Child: _____ Phone Number/s: _____

Address: _____

OTHER PEOPLE **WHO MAY** PICK UP MY CHILD (can be filled in as needed) :

PERSON/S **NOT** PERMITTED ACCESS TO THIS CHILD: _____

Is there a Custody Agreement/Restraining Order/Etc. Yes ___ No ___

If yes, please attach court documentation.



YOUR CHILD'S DOCTOR: _____ PHONE # _____

YOUR CHILD'S PERSONAL HEALTH CARD NUMBER _____

Food Allergy/Sensitivity and/or Medication Allergy? No _____ Yes _____

Explain in full: _____

Does Your Child Require Medication At School? No _____ Yes _____

If yes, please fill out a **Permission to Administer Medication** form.

Has your child been immunized? Yes _____ No _____ / Is their immunization up to date? Yes _____ No _____

OTHER PEOPLE LIVING IN THE HOME:

Name: _____ Relationship: _____ Age: _____ (of siblings/children)

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

• Please tell us about your child (likes/dislikes, successes, etc.) _____

• Is there something you'd really like us to know about your child: _____

• Please let us know of anything you are working on or concerns: (behaviors, speech/language, hearing, vision, general health, temperament, toileting, etc.) _____

• Is your child currently involved in any therapies? (speech, behavior, occupational therapy, etc.) _____



The Preschool requires post-dated cheques (or a payment plan for e-transfer) on or before the start date for the following....

- Registration/Society Fee: \$25 due at time of registration Paid (admin) _____
- Monthly Fees: post dated for the 1st of the month. Sept & June fees are due in September.

****If you would like to pay through e-transfer, please contact armstrongpreschoolfinancials@gmail.com****

WE ARE A NOT-FOR-PROFIT, PARENT PARTICIPATION PRESCHOOL.

YOUR HELP IS REQUIRED IN THE FOLLOWING AREAS...

Please initial

- Minimum 2 cleaning/maintenance tasks yearly
I am able _____ I am not able _____
- Minimum 2 parent helper days in your child's class yearly
I am able _____ I am not able _____
- Monetarily participate in at least 2 fundraisers yearly
I am able _____ I am not able _____

-Cleaning/maintenance tasks will be posted by the sign in book, and you can record your participation on the form by the calendar inside the front door.

-Parent Helper Days are booked, by you, on the calendar inside the front door. These days require you to stay in class, and licensing does not allow other children/siblings on these days.

-Fundraisers will be posted on the cork board inside front door, outside beside front door, and/or talked about in your monthly newsletter.

I, _____, have read the *parent handbook*, and I acknowledge having read the *above parent participation requirements*. I agree to honour my parent participation duties or I will not receive the refund at the end of the year. I understand and agree to the above requirements and the preschool policies.

Signature: _____ **Date** _____

Please take a few minutes to review your registration form to ensure it is filled out correctly and *completely*.

Please ask for a copy of our *parent handbook* or you can access it on our website at armstrongpreschool.ca

Welcome to the Armstrong Preschool!



ARMSTRONG PRESCHOOL

CONSENT FORM

Child's Legal Name: _____ Class: _____

- I give permission for my child to be taken on local short outings off school property with the rest of their class and teachers.

Yes _____ No _____ Signature _____

- Parents, staff, practicum students, and local papers may take photos of my child in preschool and/or on preschool outings. Permission to post photos in public will be requested on an individual basis.

Yes _____ No _____ Signature _____

- It is the policy of this center to notify a parent and the emergency contact when a child is ill or needs medical attention. In the event we cannot contact you and we need to get immediate help for your child, we require a signed consent to do so.

1. I give consent for my child to be taken to the nearest emergency medical center when I cannot be contacted.

2. I give consent for my child to receive medical treatment.

Yes _____ No _____ Signature _____

- In an effort to share our days, the preschool has created Instagram (IG) accounts for each age group. The accounts are completely private and only parents/guardians listed on the registration forms will be accepted to follow the page. At the end of the school year, the account's photos/videos will be permanently deleted. For us to share your children's days with you, IG images and videos may not be shared in any format, online or in any way, by you or the other parent/guardian listed on the child's registration form. By completing below, you are agreeing to these terms and/or expressing your wishes about your child's images and videos being posted. * Choose only one of the following:

* I, (print) _____ AGREE to have my child's images and videos shared on the private IG page.

* I, (print) _____ DO NOT AGREE to have my child's images and videos shared on the private IG page.

Date: _____ Signature : _____

Emergency Card - Armstrong Preschool

Child's Name: _____ Class: (admin) _____ Gender: _____

Date of Birth: _____ Personal Health Care Number: _____

Allergies: _____

Parents/Guardians: _____

Phone Numbers: _____

Emergency Pick-up Person: _____

Phone Numbers: _____

Doctor's Name: _____ Number: _____

It is the policy of this center to notify a parent when a child is ill or needs medical attention. In the event we cannot contact you or your emergency contact, and we need to get immediate help for your child, we require a signed consent to do so.

1. I give consent for my child to be taken to the nearest relevant emergency medical center when I cannot be contacted.
2. I give consent for my child to receive medical treatment.

Signature: _____ Date: _____