

# ARMSTRONG PRESCHOOL REGISTRATION FORM

CHILD'S FULL NAME: \_\_\_\_\_ **M** or **F**

BIRTHDATE: \_\_\_\_\_ CLASS (please use pencil): \_\_\_\_\_

START DATE (admin): \_\_\_\_\_ END DATE (admin): \_\_\_\_\_

PARENTS/GUARDIANS: \_\_\_\_\_

Address In Full: \_\_\_\_\_

Primary Family E-mail: \_\_\_\_\_

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: \_\_\_\_\_

Custody Agreement/Restraining Order/Etc. Yes \_\_\_ No \_\_\_ If Yes, Please Attach Documentation

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 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.

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

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

Yes \_\_\_ No \_\_\_

Signature \_\_\_\_\_

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 \_\_\_\_\_

YOUR CHILD'S DOCTOR: \_\_\_\_\_ PHONE # \_\_\_\_\_

YOUR CHILD'S CARE CARD # \_\_\_\_\_

**Food Allergy/Sensitivity and/or Medication Allergy?** No \_\_\_\_\_ Yes \_\_\_\_\_

Explain in Full: \_\_\_\_\_  
\_\_\_\_\_

Does Your Child Require Medication At School?: \_\_\_\_\_

Has your child been immunized? Yes \_\_\_\_\_ No \_\_\_\_\_

RELEVANT PEOPLE/CHILDREN 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's strengths \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please let us know of any developmental concerns/things you're working on (behaviors, speech/language, hearing, vision, general health, temperament, etc) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your child involved in any therapies? i.e. speech, behavior, etc \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

THE PRESCHOOL REQUIRES POST DATED CHEQUES, ON OR BEFORE START DATE, FOR THE FOLLOWING...

- Registration/Society Fee: \$25 Paid \_\_\_\_\_
- Monthly Fees: post dated for the 1st of the month. Sept & June fees are cashed in September.
- Three \$50 cheques, post dated for June 1st (next year). If you choose not to, or are unable to complete your parent participation duties *in full* (see below), these cheques will be cashed, *in full*, to cover your duties.

WE ARE A NOT FOR PROFIT PARENT PARTICIPATION PRESCHOOL. YOUR PARTICIPATION IS REQUIRED IN THE FOLLOWING AREAS...

- Minimum **2** cleaning/maintenance tasks yearly  
If you're willing/able to participate **initial here** \_\_\_\_\_ ✦ I am not able and will pay \$50 - **Initial** \_\_\_\_\_
- Minimum **3** parent helper days in your child's class yearly  
If you're willing/able to participate **initial here** \_\_\_\_\_ ✦ I am not able and will pay \$50 - **Initial** \_\_\_\_\_
- Monetarily participate in a minimum of **2** fundraisers yearly  
If you're willing/able to participate **initial here** \_\_\_\_\_ ✦ I am not able and will pay \$50 - **Initial** \_\_\_\_\_

*-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.*

*-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.*

*-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 honor my parent participation duties. I understand and agree to the above requirements and the preschool policies set forth on this **date** \_\_\_\_\_

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

**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](http://armstrongpreschool.ca)  
Thank You and Welcome to the Armstrong Preschool

## Emergency Card - Armstrong Preschool

Child's Name: \_\_\_\_\_ Class: \_\_\_\_\_ M or F

Date of Birth: \_\_\_\_\_ Care Card Number: \_\_\_\_\_

Allergies: \_\_\_\_\_

Parents/Guardians: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Emergency Pick-up Person: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Number: \_\_\_\_\_

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