



ARMSTRONG PRESCHOOL

REGISTRATION FORM

CHILD'S FULL LEGAL NAME: _____

CHILD'S PREFERRED NAME: _____ GENDER _____

BIRTHDATE: _____ CLASS REQUESTED: _____

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

PARENT/GUARDIAN #1: _____

Address In Full: _____

E-mail: _____

Phone Numbers: Cell _____ Home _____ Work _____

PARENT/GUARDIAN #2: _____

Address In Full: _____

E-mail: _____

Phone Numbers: Cell _____ Home _____ Work _____

EMERGENCY PICK UP PERSON (**not a parent/guardian**): _____

Relationship To Child: _____ Phone Number/s: _____

Address in full: _____

OTHER PEOPLE **WHO MAY** PICK UP MY CHILD (may 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 or Health Concern? Yes _____ No _____

Explain in full: _____

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

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 for the following before attending...

Registration/Society Fee:

\$25 (cash, chq, or etransfer) **due at time of registration** Paid? (admin) Cash/cheque/etranfer

Monthly Fees:

Etransfer plan for the 1st of each month **due at our Open House/Meet the Teacher event**

Please note: Sept & June fees are due in September.

**** If you require a different method of payment, please contact treasurer@armstrongpreschool.ca ****

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

We rely on your help to continue to give the best experience to your child.

TASKS EXPECTED OF ALL FAMILIES:

Minimum 2 cleaning/maintenance tasks

Minimum 2 parent helper days

Minimum 2 fundraisers, financially or in person

- *Cleaning/maintenance tasks will be posted by the sign in book, and you can record your participation on the board by the fundraising board.*
- *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 board inside front door, outside beside front door, and/or talked about in your monthly newsletter or a combination of all the above.*

I, _____, have read the *parent handbook*, and I acknowledge having read the *above parent participation requirements*. I agree to honour my parent participation duties. 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! We are glad to have you here!



ARMSTRONG PRESCHOOL

CONSENT FORM

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

- 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 _____ Initial _____

- 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 _____ Initial _____

- To share our days, the preschool has created Instagram (IG) accounts for each class. The accounts are 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 deleted. For us to share your children's days with you, IG images and videos must not be shared in any format, online, or in any other way by anyone with access to the account. Names will not be used.

Yes _____ No _____ Initial _____

- It is the policy of this center to notify a parent or emergency contact when a child is ill or needs medical attention. In the event we cannot contact you and we need to get immediate emergency care 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 by ambulance, if required, when I and my emergency contact cannot be reached.

2. I give consent for my child to receive emergency medical treatment for an injury or accident.

Yes _____ No _____ Initial _____

Signed by (please print) _____ on the _____ day of _____, 20____

Signature : _____



CONSENT FOR ELECTRONIC MESSAGES FOR CANADIAN ANTI-SPAM LEGISLATION (CASL)

Canada's Anti-Spam Legislation (CASL) requires our school obtain your specific consent to be able to send you newsletters, announcements, and other electronic messages which may contain advertising or promotions including requests for fundraising or other similar events and offers.

I give **Armstrong Preschool** permission to contact me using electronic messages which may include information as described above.

Parent/Guardian Name	Student Name(s)
Preferred Email Address	Other Approved Addresses
Signature	Date

You may also subscribe or unsubscribe from this communication list
by emailing: general@armstrongpreschool.ca



Armstrong Preschool
Where Children Learn Through Play

This page left blank.

Emergency Card - Armstrong Preschool

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

Date of Birth: _____ Personal Health Care: _____

Allergies: _____

Health Concern/Medication: _____

Parent/Guardian #1: _____

Phone # : h: _____ c: _____ wk: _____

Parent/Guardian #2: _____

Phone # : h: _____ c: _____ wk: _____

Emergency Pick-up: _____

Phone # : h: _____ c: _____ wk: _____

Doctor's Name and Phone #: _____

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

- I give consent for my child to be taken to the nearest emergency medical center by ambulance, if required, when I and my emergency contact cannot be reached.
- I give consent for my child to receive emergency medical treatment for an injury or accident.

Signature _____ Date _____