



ARMSTRONG PRESCHOOL REGISTRATION FORM

Edited March 2025

CHILD'S FULL LEGAL NAME: _____

CHILD'S PREFERRED NAME/S: _____ GENDER: M F X

BIRTHDATE: (DD/MMM/YYYY) _____ REQUESTED CLASS: MWF T/Th am T/Th pm

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

PARENT/GUARDIAN #1: _____

Address In Full: _____

E-mail: _____ Relationship to child _____

Phone Numbers: Cell _____ Home _____ Work _____

PARENT/GUARDIAN #2: _____

Address In Full: _____

E-mail: _____ Relationship to child _____

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: _____

Are there any court documents that we need to be aware of?
(custody agreement/restraining order/etc) Yes ___ No ___

If yes, please attach court documentation and schedule a time to discuss with the manager.



YOUR CHILD'S DOCTOR: _____ PHONE # _____

YOUR CHILD'S PERSONAL HEALTH CARD NUMBER (PHCN) _____

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 _____

*Immunization is not required to attend, though it is highly recommended.

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 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 the following before attending...

- A yearly \$25 society fee (**due at time of registration**) Paid by: Cash/cheque/etransfer
- An etransfer payment plan* for the 1st of each month (**due at our Meet the Teacher event**)
- Payment of first and last months fees (**due the first month of attendance (generally Sept/June)**)
- * **Please contact our treasurer at treasurer@armstrongpreschool.ca to arrange any changes.**

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

This means we rely on **your help** to continue to give the best experience to your child. We expect the following to be completed by each family over the course of the school year. Any adult family member may complete the task.

- 2 cleaning/maintenance tasks
 - 2 parent helper days
 - 2 fundraisers, financially or in person
 - Attend our General Meetings
- *Cleaning/maintenance tasks will be posted by the front door or announced in our newsletters. Major cleaning days occur on the last day before a break (Dec, Mar, June).*
- *Parent Helper Days are booked, by you, on the calendar. You will be asked to participate in our day and may be tasked with light duty cleaning and/or prep. Licensing does not allow other children/siblings on these days. Any adult family member is welcome to attend.*
- *Fundraisers will be posted and/or in your monthly newsletter. There are also ongoing, year long fundraisers listed on the fundraising board and our website.*
- *General Meetings are where the policy and happenings of the school are decided. As a society member, your family has a vote! Meetings occur on Tuesday evenings every 2 months. See the website for upcoming dates. Any adult family member is welcome to attend. Children are welcome.*

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



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.

Circle one Yes No

- Parents, staff, and practicum students may take photos of my child in preschool and/or on preschool outings. No photos will be posted publicly unless previous permission has been granted.

Circle one Yes No

- To share our days, the preschool has created a shared Google album for each class. The accounts are private and only parents/guardians listed on the registration forms will be accepted to follow the album. At the end of the school year, the album's photos/videos will be deleted. For us to share your child's days with you, 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. Please sign below if you give permission.

Circle one Yes No

- 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.

AND

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

Circle one Yes No

Signed by (please print) _____ on the _____ day of _____, 202__.

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

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Emergency Card - Armstrong Preschool

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

Date of Birth: _____ PHC number: _____

Allergies: _____

Health Concern/Medication: _____

Parent/Guardian #1: _____

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

Parent/Guardian #2: _____

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

Emergency Pick-up: _____

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

Doctor's Name and Phone #: _____

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- 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.

AND

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

Signature _____ Date _____