

LEARNING EXPERIENCE - 2 ½ and 3 YR PRESCHOOL REGISTRATION FORM 2020-2021

Child must be toilet trained

Child's Last Name

First Name

CHILD'S ADDRESS: _____ CITY: _____

Postal Code: _____ HOME PHONE: _____

EMAIL ADDRESS: * Please print carefully as email is our primary form of communication

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MOTHER'S NAME: _____ Cell #: _____ Work #: _____

(only if applicable during school hours)

FATHER'S NAME: _____ Cell #: _____ Work #: _____

CHILD'S DATE OF BIRTH: YR _____ MO _____ DAY _____ MALE: FEMALE:

**IS CHILD UNDER 3 AS OF SEPTEMBER 9? YES NO

DOES CHILD LIVE WITH BOTH PARENTS WITH SAME ADDRESS: YES NO

IF NO Please provide details other side ----->

WILL YOUR CHILD BE ATTENDING WITH AN AIDE: YES NO

IF YES Please provide details other side ----->

IS CHILD IMMUNIZED? YES NO

Does child require EpiPen or Ventolin Puffer for Severe Allergies or Asthma: EPIPEN VENTOLIN PUFFER

Does child have allergies? YES NO Please List: _____

Does child have food restrictions? YES NO Please List: _____

EMERGENCY CONTACT: ie. Family member, friend, neighbor (IF NO ONE please insert parent with most availability)

Name: _____ Phone: _____

Address: _____

*****MUST provide a street address*****

LIST ALL AUTHORIZED PERSONS THAT WILL BE PICKING UP YOUR CHILD - NOT INCLUDING CHILD'S PARENTS

1.			
	NAME (First and Last Name)	TELEPHONE NUMBER	RELATIONSHIP
2.			
	NAME (First and Last Name)	TELEPHONE NUMBER	RELATIONSHIP
3.			
	NAME (First and Last Name)	TELEPHONE NUMBER	RELATIONSHIP

MONDAY - PM 12:30-3:00 (2 ½ yrs) MON/WED - PM 12:30-3:00 (3/4)

T/TH: AM 9:00-12:00 MD: 11:30 - 1:30 (3/4)

M/W/F: AM 8:45-11:15 *Under 3: _____ MD: 11:30 - 1:30 (3/4)

NOTES: _____

Reg Fee/Deposit & Date: _____ CLASS CODE: _____

CHEQUES RECEIVED: SEPT OCT NOV DEC JAN FEB MAR APR MAY JUN

\$ _____ /month

OTHER INFORMATION:

Names and Ages of brothers or sisters:

Please provide any information that you may be concerned with ie. speech, development, shyness, behavioural:

LANGUAGE SPOKEN AT HOME: _____

IF NOT ENGLISH, DOES YOUR CHILD SPEAK/UNDERSTAND ENGLISH:

YES (Understands and speaks well) VERY LITTLE (Has very basic/limited English skills) NO (Not at all)

Is child toilet trained and able to communicate their need to go to the washroom/manage their hygiene needs?

Yes In Progress

Children are expected be toilet trained by the beginning of September.

****AIDED/SUPPORTED CHILDREN INFORMATION (IF APPLICABLE)**

If your child will be attending with an Aide, please list the Agency and contact person you are working with:

If your child is currently being assessed or will be, please provide details:

CUSTODIAL INFORMATION (IF APPLICABLE):

IF PARENT'S LIVE APART: PLEASE PROVIDE NON-RESIDENT PARENTS' NAME AND ADDRESS:

IS THERE A COURT/PARENTAL RESTRICTION ORDER IN PLACE? YES NO **IF YES - PLEASE PROVIDE A COPY OF THE CUSTODY/PARENTAL RESTRICTION DOCUMENT AT TIME OF REGISTRATION.**

IF THE CHILD DOES NOT LIVE WITH EITHER PARENT ie; foster care/agency/relative. Please inform school office at time of registration and complete the following information:

GUARDIAN/AGENCY NAME _____ WORK #: _____ CELL #: _____

How did you learn about our school? Personal Referral - Family Name: _____
Community Newsletter Online Street Sign

PARENT SIGNATURE: _____ DATE: _____

NOTES: