

LEARNING EXPERIENCE - 4 YR PRESCHOOL

REGISTRATION FORM 2020 - 2021

(PLEASE PRINT NAME)

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:

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 |
|----------------------------|------------------|--------------|

MON/WED: PM 12:30-3:00 (3/4) TU/W/TH: PM 12:30-3:00

T/TH: AM 8:45-11:15 MD 11:30-1:30 (3/4) PM 12:30-3:30

M/W/F: AM 9:00-12:00 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

\$ _____ /mo

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: