

# NORTH DOUGLAS PRESCHOOL REGISTRATION FORM

## Mark Day(s) Required

MON	TUE	WED	THU	FRI

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

**NAME OF CHILD:** \_\_\_\_\_ **Court Order # re Child Pick-up:** \_\_\_\_\_

**SURNAME:** \_\_\_\_\_ (Given Names): \_\_\_\_\_

Name child responds to: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (Postal Code)

Email address: \_\_\_\_\_

Sex: M\_\_ F\_\_ Date of Birth: (D/M/Y) \_\_\_/\_\_\_/\_\_\_ Desired Date of Enrolment: \_\_\_\_\_

Child's First Language: \_\_\_\_\_ Second Language: \_\_\_\_\_

What level of English does your child understand to follow directions? None ( ) Little ( ) Average for age ( )

## PARENTS/GUARDIANS:

Male:

Name \_\_\_\_\_  
Place of Work \_\_\_\_\_  
Address \_\_\_\_\_  
Work Phone \_\_\_\_\_ Local \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Hours of Work \_\_\_\_\_

Female:

Name \_\_\_\_\_  
Place of Work \_\_\_\_\_  
Address \_\_\_\_\_  
Work Phone \_\_\_\_\_ Local \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Hours of Work \_\_\_\_\_

## ALTERNATE PERSON TO CALL IN CASE OF EMERGENCY:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Personal Health Number: \_\_\_\_\_ Date Effective: \_\_\_\_\_

## PERSONS AUTHORIZED TO PICK UP CHILD FROM FACILITY:

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

**OTHER CHILDREN LIVING AT HOME:**

NAME: \_\_\_\_\_ Date of Birth: (D/M/Y) \_\_\_/\_\_\_/\_\_\_  
(Surname if not same as child enrolled)

NAME: \_\_\_\_\_ Date of Birth: (D/M/Y) \_\_\_/\_\_\_/\_\_\_  
(Surname if not same as child enrolled)

Over →

Has your child had experience away from home  
(for example, Day Care, Nursery, Sunday School, etc.)? YES \_\_\_ NO \_\_\_  
Where? \_\_\_\_\_ Dates of attendance: \_\_\_\_\_

Were you aware of any special problems? \_\_\_\_\_

If your child has any known health problems, please indicate what they are:  
\_\_\_\_\_  
\_\_\_\_\_

Is there any other information you would like to share with us about your family that would help our staff?  
\_\_\_\_\_  
\_\_\_\_\_

**SPECIAL COMMENTS OR INSTRUCTIONS FOR OUR STAFF** (Please tick appropriate ones)

special medications: \_\_\_\_\_ allergies: \_\_\_\_\_ vision or hearing problems: \_\_\_\_\_  
food dislikes: \_\_\_\_\_ special eating habits: \_\_\_\_\_  
special diet (for reasons of health, religion, ethnicity): \_\_\_\_\_  
others (specify): \_\_\_\_\_

Please give information on any of the above: \_\_\_\_\_  
\_\_\_\_\_

Indicate any accident, illness or medical disabilities your child has had (Give dates):  
\_\_\_\_\_

<b>I hereby give my consent for a staff member to call a medical practitioner or an ambulance for my child in case of accident or illness, if I cannot be reached immediately.</b>	
Signature (Parent/Guardian) _____	Date: _____
<b>I declare that I have read and understand the Preschool's policies and procedures as outlined in the parent's handbook</b>	
Signature (Parent/Guardian) _____	Date: _____

\*To complete registration we will also require a recent picture of your child and a copy of their immunization record