

FUN 2 LEARN PRESCHOOL

date _____

Registration Information

239-2033

Child's Name _____ () ()
(Last) (First) (Name child is called) male female

Date of Birth _____ email address _____
(Month) (Day) (Year) (Present Age)

Address of Child: _____
(Street) (Postal Code) (Telephone)

Mother's Name: _____ Father's Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Place of Work: _____ Place of work: _____

Phone: _____ Phone: _____

Emergency Phone # (if different than above) _____

Emergency Contact Person (Name) _____

(Address)

(Telephone)

Authorized person(s) to whom child may be released:

(Name) (Telephone)

(Name) (Telephone)

Are your child's immunizations up to date? (yes) _____ (no) _____

CHILD'S HISTORY AND OTHER INFORMATION:

Names and ages of siblings: _____

Any particular fears: _____

Allergies, diet restrictions, recurring medical or speech problems (specify): _____

Previous experience with pre-school (yes) ____ (no) ____ Comments: _____

Does this child take any medication on an ongoing basis at home? (yes) ____ (no) ____ . If yes, please explain _____

Have there been any recent changes in the family which may have affected your child? _____

I give permission for my child's information to be added to the class address list and shared with the other parents (please sign here) _____

In the case of withdrawal of a child, one month's notice is required in writing. If less than one month's notice is given, there will be no refund of the next month's fees. No rebate of fees will be given for temporary absences. Fees are the same for months in which holidays occur. The month of June is non refundable. (please sign here) _____

IN CASE OF AN EMERGENCY, I AUTHORIZE FUN 2 LEARN TO GIVE MY CHILD EMERGENCY CARE

(Signature of parent or guardian)

FUN 2 LEARN PRESCHOOL CLASS CHOICES:

<u>4 Year Old Class</u>	<u>4 Year Old Class</u>	<u>3 Year Old Class</u>	<u>3 & 4 Year Old Class</u>	<u>5 days (pm only)</u>
M/W/F AM	M/W/F PM	T/T AM	T/T PM	M/T/W/T/F
9:00 - 11:30 AM	12:30 - 3:00 PM	9:00 - 11:30 AM	12:30 - 3:00 PM	12.30 -3.00 PM

Please check which program you are interested in: (you may put 1st and 2nd choices)

PLEASE SEE OTHER SIDE

Child Guidance Policy

I, the parent or legal guardian of _____ (Child's name) hereby acknowledge that I have read and understand the **Fun 2 Learn Preschool Child Guidance Policy**.

(Date)

(Signature)

Permission to take Classroom Photos

I _____ (Print name) give the teachers at Fun 2 Learn Preschool and parents, permission to take classroom photos of my child.

(Date)

(Signature)

I, the parent or legal guardian of _____ (Child's name) give my permission to the staff of Fun 2 Learn Preschool to accompany my child off the preschool premises to play outside at the back of the Church weather permitting.

(Date)

(Signature)

Collection, Use and Disclosure of Personal Information

I, _____ [name of parent/guardian], acknowledge that this Registration Form requires me to provide certain personal information about my family to Fun 2 Learn Preschool. Such information is being collected by Fun 2 Learn Preschool for the purposes of: determining your child's eligibility to attend our program, compiling and maintaining a registrar of children attending Fun 2 Learn Preschool, contacting parents/guardians to communicate information with respect to communicable diseases as required by public health authorities and cancellation of classes and contacting student's parents/guardians or alternate contact person or family physician in the event of a health emergency involving your child. Your family's personal information will be disclosed by Fun 2 Learn Preschool to its teachers on an as needed basis and your name (and your spouse's name), child's name, address and phone number may be disclosed to other parents through class lists. By executing this Registration Form, you and your family are deemed to be consenting to the foregoing collection, use and disclosure of the personal information contained herein.

(Signature)

(Date)

Please send forms and e-transfers to anitamcurtis@shaw.ca