



STUDENT REGISTRATION FORM

School Term _____ to _____

PLEASE PRINT CLEARLY

STUDENT INFORMATION:

Name: _____
(Usual first name) *(Last name)*

Street Address: _____

City/Town: _____ Postal Code: _____

Home Phone: (____) _____ - _____ Date of Birth d/m/y: _____ / _____ / _____

Parent/Guardian Name:

Employer's Name: _____

Employer's Address: _____ Phone: (____) _____

Cell Phone: (____) _____ Email Address: _____

Parent/Guardian Name:

Employer's Name: _____

Employer's Address: _____ Phone (____) _____

Cell Phone: (____) _____ Email Address: _____

of children in family: _____ Ages of Other Children: _____

Have other family members attended the preschool? _____ If yes, when? _____

How did you hear about Grimsby Community Preschool? _____

Emergency Contacts / Authorized Pickup for your child (Please list someone close by, other than a parent)

Name: _____ Phone: (____) _____ Cell Phone: (____) _____

Address: _____ Relationship to child: _____

Name: _____ Phone:(____) _____ Cell Phone:(____) _____

Address: _____ Relationship to child: _____

MEDICAL INFORMATION AND ANY SPECIAL REQUIREMENTS PERTAINING TO DIET / REST OR PHYSICAL ACTIVITY

Medical Conditions: *(Serious medical alerts, chronic illnesses, allergies and treatment or medication needed should be noted as well as any previously communicable diseases contracted by your child.)*

Doctor's Surname: _____ First Name: _____

Doctor's Address: _____ Doctor's Phone: (____) _____

PRIVACY POLICY

Please be advised that it is our policy to collect personal information for the preschool purposes only. We do not sell, lend, or copy this information to any individual or corporation outside of the preschool. All collected information is kept by your Executive Committee, and discarded in an appropriate manner.

FREEDOM OF INFORMATION

In order for the school to release personal information, we must comply with the provisions of the **Municipal Freedom of Information/Protection of Privacy Act**, 1990.

Do you consent to the student's name, photograph, video image and/or accomplishments being released:

In school publications (newsletters, yearbooks, etc.)? Yes No

To the media? (Radio, TV, Newspapers)? Yes No

We depend on all members of the school to participate in fundraising and attending the AGM. We are always interested in finding board members to contribute. Please let us know if you would be interested in serving on the Board of Directors.

Send me more information! Not at this time!

1. I understand the required duties of members of the Grimsby Community Preschool include:
2. I agree sign up for autopay on Lillio to pay the monthly fee. (Notice of student withdrawal must be given in writing 14 days in advance)
3. I agree to pay the required \$75 annual registration fee enclosed here within.

Please ensure that the following documents are enclosed and your handbook is read when submitting this registration form: (Note: If the required documents are not provided, your application for registration may be held up and your spot may be given to someone else.) **Please initial on each line below**

- _____ \$75 registration fee
- _____ Parent consent form (x2)
- _____ Health Form
- _____ Immunization form (x2)
- _____ Tuition Payment Option form

_____ I have read the parent handbook and understand my role as a volunteer

_____ I have read, understand and agree to the Program Statement, the Implementation of the Program Statement and Prohibited Practices as outlined in the Parent Handbook

Signature of Parent/Legal Guardian

Date

5 ST ANDREWS AVE, GRIMSBY ON, L3M 3R9

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