



STUDENT REGISTRATION FORM

School Term _____ to _____

Full Time <input type="checkbox"/>	(Monday thru Friday)	Mornings <input type="checkbox"/>	Extended Day <input type="checkbox"/>	
Part Time <input type="checkbox"/>	Tues/Thurs <input type="checkbox"/>	Mon/Wed/Fri <input type="checkbox"/>	Mornings <input type="checkbox"/>	Extended Day <input type="checkbox"/>

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 (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 ANOTHER INFORMATION WE SHOULD BE AWARE OF ABOUT YOUR CHILD

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

Quality Child Care Niagara (QCCN)

This program provides Early Childhood Educators the framework within which programming decisions can be made. We, here at the preschool, use these tools to evaluate our program, and how our environment is meeting all of the children's needs. The Disc Preschool Screening (DPS), an early developmental screening tool, is used once a year on each child. All the results are confidential and shared with the parents directly after the DPS is performed. Parental consent is required to perform the DPS on the child.

I _____ give permission for _____ to participate in this program.
Parent/guardian child

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:
 - A) Participating in fundraising activities (a postdated cheque is required for the expected profit amount);
 - B) Mandatory attendance at the General Meeting
2. I agree to pay the monthly fees in advance by post-dated cheques payable to the Grimsby Community Preschool dated for the first day of each month or sign up for autopay on himama. (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
- _____ COVID-19 Waiver
- _____ 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