

St. Ann's Preschool Confidential Registration Form



Child's Name: _____

Monday/Wednesday/Friday, 9:00am-12:00noon

4 year old Classes: _____

Tuesday/Thursday, 9:00am-11:30am

3 year old Classes: _____

In order to complete your application for REGISTRATION for 2018-2019 Preschool year, the following **must be submitted** with your application:

_____ Registration form completed and signed by **both** parents.

_____ \$40.00 Registration Fee (cash or cheque dated today) made out to **St. Ann's Parish**.

_____ Emergency Consent Form Card

_____ Copy of Birth Certificate

_____ Copy of Baptismal Certificate

_____ Immunization Records

_____ 10 postdated cheques dated **July 1st, 2018 (for Sept. tuition), October 1st-December 1st, 2018 and January 1st to June 1st 2019**. Make all cheques payable to **St. Ann's Parish**.

Preschool Fees:

Tuesday/Thursday Classes: **\$130/ month**

Monday/Wednesday/Friday Classes: **\$160/month**

Please be advised that Fees are payable in advance with MONTHLY POST DATED CHEQUES starting in July or FULL PAYMENT OF TUITION FEES in September (by cheque or cash). There will no longer be "by month payments" accepted.

One month's notice is required for withdrawal and return of fees.

Questions? Please call JoAnn Nixon at 604-317-7966 before 8:00 p.m.



Child's legal family name: _____ **Child's legal first name:** _____
Child's legal middle name: _____ **Usual first name child goes by:** _____
Male _____ Female _____ Date of Birth: _____
Person(s) with whom the Child lives: _____
Commencement date: _____
Monday/Wednesday/Friday _____ 4 year old class
Tuesday/Thursday _____ 3 year old class

Father's name: _____
Home Address: _____
Postal Code: _____ Occupation: _____ Home#: _____
Work#: _____ Cell #: _____ Email: _____
Working days and hours: _____

Mother's name: _____
Home Address: _____
Postal Code: _____ Occupation: _____ Home# _____
Work #: _____ Cell # _____ Email: _____
Working days and hours: _____

If there is a Custody Agreement, Please give details _____

If Catholic: Name of church & city where child was baptized: _____
Name of parish you are currently registered at: _____
Child's Pet: (type and name) _____

Siblings: Name _____ Birthdate _____
Name _____ Birthdate _____
Name _____ Birthdate _____

Signature of Parent: _____ **Date:** _____

Emergency contacts other than parent/guardian:

1) Name: _____ Home #: _____

Relationship: _____ Work #: _____

2) Name: _____ Home #: _____

Relationship: _____ Work #: _____

People authorized to pick up child from preschool (include parents)

Home/Cell & Work

Name: _____ Relationship: _____ phone# _____

Name: _____ Relationship: _____ phone# _____

Name: _____ Relationship: _____ phone# _____

Name: _____ Relationship: _____ phone# _____

*Is there anyone **not** authorized to pick up your child?* _____

Has your child previously attended preschool? _____

If yes, where? _____

Medical Information:

Care Card Number: _____

Family Dr.: _____ Telephone #: _____

Does your child have development difficulties? Speech ___ Vision ___ Hearing ___

Does your child have any disabilities or serious illnesses? _____

Is your child on any Medication? _____

Does your child have Allergies? _____

Is there anything else you can think of that will help us to know and understand your child better?

Has your child been immunized? Yes ___ No ___

Immunization History:

Diphtheria/Pertussis/Tetnus _____ HIB Meningitis _____

Poliomyelitis _____ Measles/Mumps/Rubella _____

Please indicate where original records can be found:

Which Health Unit Office: _____

Which Doctor's Office: _____

Permission Forms for:

1) Field Trips

Child: _____ Date: _____

I hereby give my permission for my child to go on field trips with adequate adult supervision and adequate notice given to parents. I will drive my child to and from the field trip site.

Signatures of both parents/guardians required:

1) _____ 2) _____

2) Photographs

Child: _____ Date: _____

I hereby give my permission for photographs of my child to be taken and used in relation to St. Ann's Preschool. These may be posted on bulletin boards in our preschool, photo albums and in our year end DVD which goes home with each child at the end of the school year.

Signatures of both parents/guardians required:

1) _____ 2) _____

3) Practicum Students

Child: _____ Date: _____

I understand that from time to time, St. Ann's Preschool will welcome practicum students from local colleges in order to enhance their learning experience in the field of Early Childhood Education. I understand that at no time will a practicum student be left alone with the children, and that all relevant background checks (i.e. Criminal record) will be completed by the college prior to placement at the preschool.

Signatures of both parents/guardians required:

1) _____ 2) _____

4) Health Policy

Child: _____ Date: _____

I understand that I will keep my child home from school for any of the following reasons:

*fever; *vomiting, diarrhea, headaches, chills, undiagnosed rash; *green runny nose, excessive cough, sore throat, *communicable disease (i.e. chicken pox, measles)

I will not send my child back to preschool until he/she is free of said symptoms for a period of 23 hours.

Signatures of both parents/guardians required:

1) _____ 2) _____

I agree to pay a **\$40 Registration Fee**. I understand this Fee in **non-refundable**.

Signatures of both parents/guardians: 1) _____

2) _____

I agree to pay a **monthly fee** of \$ _____ due on the **first** of each month. I agree to give St. Ann's one month's notice should I wish to withdraw my child before the end of June. Failure to give one month's written notice will mean all unpaid fees will be my responsibility.

Signatures of both parents/guardians: 1) _____

2) _____