

Registration Form – KPS Site B/A School Program

NORTH GRENVILLE CO-OPERATIVE PRE-SCHOOL AND LEARNING CENTRE

(For official use)

Indicate days that child care is required: (*Priority is given to full time requirements.)

Before and After School - please indicate when childcare is required

Mon Tues Wed Thurs Fri
 B A B A B A B A B A

Start Date:

Discharge Date:

Name of School attending:

Child's name:			Birth date:	
Address:			<i>year month day</i>	
			<input type="checkbox"/> Male <input type="checkbox"/> Female	
		Prov.	Postal code	Family E-mail address:

<input type="checkbox"/> Mother		<input type="checkbox"/> Stepmother		<input type="checkbox"/> Legal Guardian		<input type="checkbox"/> Partner	
Name:							
Address:							
						Prov.	Postal Code
Home Phone:		Business phone:		Cell #:		Occupation:	
Business Name and Address:							

<input type="checkbox"/> Father		<input type="checkbox"/> Stepfather		<input type="checkbox"/> Legal Guardian		<input type="checkbox"/> Partner	
Name:							
Address:							
						Prov.	Postal Code
Home Phone:		Business phone:		Cell #:		Occupation:	
Business Name and Address:							

Siblings: <i>(names and ages)</i>	Individuals authorized to pick up child: <i>(name and phone)</i>

Any individual(s) NOT PERMITTED to pick up your child? *(If yes, name and if necessary, provide a photo)*

Emergency Contacts:	Phone	Address:	Relationship

Doctor's name:		Address:	
Phone:	Health card #: (optional)	Name on Health card:	
Allergies:(<i>food, medication, environment</i>) (<i>Describe reaction</i>)			
Health Problems:			
Medications:			
Previous communicable diseases (<i>red measles, mumps, German measles, etc.</i>)			
1.	year	3.	year
2.	year	4.	year
Special Diet: (<i>if yes, explain</i>)			
Special condition: (<i>seizures, bee stings, diabetes, bleeding disorders, other – please explain</i>)			
Does your child have special needs?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (<i>if yes, explain</i>)	
Previous group experience?	<input type="checkbox"/> Nursery School	<input type="checkbox"/> Sunday School	<input type="checkbox"/> Daycare
<input type="checkbox"/> Other (<i>describe</i>)	<input type="checkbox"/> Playgroup		
What do you want to achieve from this program?			
Play activities/materials liked by your child: <input type="checkbox"/> outside play <input type="checkbox"/> computer <input type="checkbox"/> art <input type="checkbox"/> books			
<input type="checkbox"/> puzzles <input type="checkbox"/> music <input type="checkbox"/> sports(<i>describe</i>) <input type="checkbox"/> other(<i>describe</i>)			
Favourite Toy(s):		Pet(s) at Home: (<i>type and name</i>)	
Favourite T.V. Show(s):			
Food dislikes:		Good eater? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Can dress independently? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Toilet trained? <input type="checkbox"/> Yes <input type="checkbox"/> No (<i>comments?</i>)			
How does your child spend their time away from school and childcare program?			
Special circumstances? (<i>new baby, move, adoption, illness etc</i>)			
Describe child's temperament:		Methods of discipline:	

- I grant permission for the NGCPLC - KPS Before & After School Program to take whatever steps necessary to obtain emergency medical attention in the event that I (parent/legal guardian) cannot be reached. It is also understood that I (parent/legal guardian) shall assume responsibility for any costs incurred.
- I understand that I am responsible to deliver and announce my child upon arrival to the NGCPLC - KPS Before & After School Program
- I grant permission for my child to leave the licensed program premises under the supervision of a teacher for community walks etc.
- I understand that dated, time and location specific forms will be issued for field trips.
- I grant permission for my child to use the play equipment and participate in all of the activities of the NGCPLC - KPS Before & After School Program.
- I grant permission for my child's name and photographs to be included in the progress reports and evaluation, any newsletters and in media coverage for the purpose of publicity and coverage of the NGCPLC - KPS Before & After School Program.

Signature of Parent or Legal Guardian

Date

Signature of Parent or Legal Guardian

Date