

Cookie Jar Preschool

Child Registration Form

**** All information contained in this application will be kept strictly confidential****

Child Information	
Child's Full Name	Gender M F
Date of Birth	AB Health Care No
Street/Rural Address (Blue sign)	Home Phone No
Mailing Address Same or	Postal Code
	Distance from Cookie Jar KM
Contact Information	
Mother/Female Guardian Name	Father/Male Guardian Name
Address Same or	Address Same or
Home Phone No	Home Phone No
Cell Phone No	Cell Phone No
Work Phone No	Work Phone No
Employer	Employer
If parents are divorced or separated, child lives primarily with	
Additional female or male guardians:	
Program Request	
Please list your preferences of class enrolment from first, second, third. Please note that every effort will be made to have your child attend the class you prefer. In the event the class you prefer is full, your name will be placed on a waiting list for that class and your child will be enrolled in your next preference of class. You will be informed by phone if this occurs.	
Tuesday AM – 3 year olds (who will turn four before December 31, 2019) & 4 years old	Tuesday/Thursday PM – This twice a week program is for 4 year olds (or children turning 4 before Dec 31, 2019 and) who will be starting Kindergarten next year
Wednesday AM – “young” 3 year olds (who will not turn 4 before December 31, 2019)	Thursday AM – 3 year olds (who will turn four before December 31, 2019) & 4 year olds
Wednesday PM – 3 year olds (who will turn four before December 31, 2019) & 4 year olds	
*** This class will only run if we receive a specific number of students ***	

Emergency Contact Person

(People who can be contacted during program hours if parents cannot be reached)

Name	Name
Relationship	Relationship
Street/Rural Address (Blue sign)	Street/Rural Address (Blue sign)
Home Phone Number	Home Phone Number
Work or Cell Phone Number	Work or Cell Phone Number

People Allowed To Pick Up Your Child From Cookie Jar Preschool

(Include the names of parents)

Note The Cookie Jar Preschool staff will not release your child to anyone who is not listed above unless you send a written consent with the person. Please phone Cookie Jar Preschool and notify teachers if this is going to occur.

Personal Information

Has your child had any previous experience with preschool? If yes, where and for how long?	Does your child have any fears that you are aware of?
Any other play groups experience (Day Care, Family Day Home, Library Group etc.)?	How would you describe your child's personality?
Any brothers or sisters? Please include their names and ages	Is there anything else you can think of that would help us to know and understand your child better?
What are your child's favorite activities?	If anyone in your household has a skill (sewing, woodworking, painting, baking, guitar playing, etc.) that we may call upon sometime during the year please note it here.

Health Information

Are your child's immunizations up to date as of this application?

YES

NO

Physician (if "attending", please list last local Doctor visited)

Name

Phone

Please check if your child has had

Chicken Pox

Scarlet Fever

Whooping Cough

Mumps

Measles

Hepatitis

Other, (Please Describe)

Please check if your child has frequent:

Stomach Pains

Vomiting

Asthma

Eczema

Other (Please describe)

Has your child had any serious accidents or operations? If so, when?

Is your child allergic to anything (drugs, food, environmental factors)? Please describe

Please check how this allergy manifests itself?

Hives

Asthma

Hay Fever

Other (Please describe)

Does your child have any special needs (physical, social, emotional, intellectual or behavioral) relevant to their care in an educational setting? Please explain

Is your child taking any ongoing medications? Please describe and list medications name(s) Please note that if medications are to be administered by Cookie Jar Preschool personnel you will be required to complete a *Request to Administer Medication* permission form).

Consent/Permission

Please read each point below and sign the bottom of the page. Please contact the teachers or the registrar should you have any questions or concerns.

I agree to allow my child _____ to have his/her picture taken and/or recorded by video camera or other recording technology for the expressed use of the Cookie Jar Preschool (including social media; face book and web page). I also agree to have our names and phone number included on a parent phone list sheet for the purpose of informing parents when classes are cancelled etc.

I give Cookie Jar Preschool Personnel permission to call for Emergency Medical attention and/or transportation in the case of a serious injury, accident or medical emergency involving my child. I understand that I will be liable for all costs incurred as a result of this medical emergency or serious injury.

If I choose to allow my child to participate and be involved in any field trips organized by Cookie Jar Preschool staff, I release the Cookie Jar Preschool from any liability incurred as a result of my child's or my own involvement in this activity. I acknowledge that I am responsible for the transportation of my child to and from ALL field trips.

I agree to pay all tuition fees for the 2019/2020 school year in advance by postdated cheques dated the first of the month in which they are due. I understand that if my fees are determined to be in arrears and I have not made any effort to remedy this financial situation in a timely manner as determined by the Cookie Jar Preschool Board, my child will be withdrawn from the program immediately.

I agree to pay any service charges or levies incurred by Cookie Jar Preschool as a result of my cheque being returned to the centre as N.S.F. I understand that I must rectify the N.S.F. cheque and any service charges incurred by cash within one week of my being notified of this matter. I agree that failure to rectify this situation in a timely manner (one week) unless other arrangements have been made with Cookie Jar Preschool Board will result in my child's withdrawal from the program.

I agree that the information I provided on these registration forms is accurate to the best of my knowledge. I agree to have pictures of my child used for the expressed use of Cookie Jar Preschool

Facebook

Webpage

I agree that this agreement may be executed and delivered electronically.

I agree that electronic signatures are the legal equivalent to written signatures and that electronic signatures will have the same legally binding effect as a manually signed and delivered paper copy of this document.

Parent/Guardian Signature

Date

Application Date	Complete Admission Date
Start Date	End Date