

Enrolment Date: _____

Class: _____

CREATIVE KIDS PRE SCHOOL

REGISTRATION FORM

**All Areas Must Be Filled Out **

(Information is kept confidential)

Name of Child: _____ Date of Birth: _____
year / month / day

Name Child Responds To: _____ Sex of Child: M / F (circle one)

Address: _____ Telephone No.: () _____

City: _____ Postal Code: _____

Mother's Name: _____ Occupation: _____

Employer: _____ Business Phone: () _____

Cellular or Pager: () _____

Family E-Mail Address:

Father's Name: _____ Occupation: _____

Employer: _____ Business Phone: () _____

Cellular or Pager: () _____

Person(s) whom child lives with:

If there is a Custody Agreement, please give details: _____

Persons Authorized to pick up child from the Pre School: _____

Please Note: We Will Not Release Your Child To Anyone Who Is Not On The Authorization List. Alternative Responsible (Relatives or Friends within the area):
**** Please let them know they might be called in case of an emergency ****

Name	Phone	Address
_____	_____	_____
_____	_____	_____

Other Children in Household:

Name	Birthdate	Relationship
_____	_____	_____
_____	_____	_____

Languages Spoken in the Home: _____

Do you have any customs or religious beliefs of which you feel we should be aware?

Child's Interests and Activities:

What other type of group experiences has your child had? _____

Does your child prefer to play alone _____, with playmates _____, with sibling _____, with adults _____?

Does your child have imaginary playmates? _____

Does your child have any pets? _____

What are his/her favourite indoor activities? _____

What are his/her favourite outdoor activities? _____

Guidance and Behaviour

Would you judge your child to be easily managed _____, fairly easily managed _____, or difficult to manage _____?

Does your child have any fears _____, angers easily _____, prefer to be alone _____, or become easily discouraged _____?

Are there any special circumstances in the family, which may be a factor in your child's present behaviour (divorce, death, new baby, recent move, hospitalization, etc.)?

Please explain: _____

Do you have any concerns about your child's present behaviour? _____

*Please add any additional comments that you feel will help us know your child better. Thank you very much for your help.

(Immunization dates must be filled in).

Has your child been immunized against:

(A photocopy of your child's chart would be acceptable).

Age	Diphtheria, Pertussis, Tetanus, Polio, Hib	Pneumococcal	Hepatitis B	MMR	Meningococcal C
2 months				n/a	n/a
4 months				n/a	n/a
6 months				n/a	n/a
12 months	n/a	n/a	n/a		
18 months			n/a		n/a

***Please fill in dates. Check marks are not acceptable, thank you.**

Also, please state whether you have made a decision to NOT have your child immunized. This information is also very important. _____

Has your child had a vision test? _____ A hearing test? _____
 Child's Personal Health Care No. _____

PAST ILLNESSES: Chicken Pox _____ Rheumatic Fever _____ Measles _____
 Whooping Cough _____ Mumps _____

Is your child subject to any of the following - (Please be specific)

Allergies? Yes _____ No _____

If yes, list materials or products to avoid, and any special instructions in the event of an allergic attack: _____

Speech Difficulties: _____

Has your child been under a doctor's care for any prolonged time? Explain _____

Special Diet

Is your child on a special diet? _____

Special Foods? _____

Reason for Special Diet? _____

Family Doctor: _____

Telephone: _____

Doctor's Address: _____

Family Dentist: _____

Telephone: _____

CREATIVE KIDS PRE SCHOOL
PERMISSION FORM AND PARENT'S AGREEMENT

I, _____, give permission for my child, _____
to take part in the following:

Please initial each space below.

*Monthly Supervised Field Trips on School Bus; _____ (When Applicable).
(4-Year-Old Program only). All outside trips will be noted in each monthly newsletter.

*Nature Walks around Neighbourhood (**four's only**) _____

*Class Photographs (**both three and four year old program**) _____

*Consent for pictures of my child to appear on Creative Kids website participating in
various classroom activities _____. Feel free to visit the site anytime to
view any pictures. (**Both programs**). www.creativekidspreschool.ca

**** PLEASE INITIAL WHERE INDICATED BELOW ****

I give my consent to have my child treated by a physician for medical care and to be
transported to hospital by ambulance should an emergency arise. **I understand that
every effort will be made to contact my spouse or me before such action is taken.**

Please Initial ==> (____)

In case of injury to my child while in care of Creative Kids Pre School, I hereby waive all
claims against the school in excess of public liability insurance (\$2,000,000) carried by
Creative Kids Pre School.

Please Initial ==> (____)

I agree to submit post-dated cheques for September (or month child starts) to June and
to give **one full month's written notice, given before the start of the following
month** for withdrawal of my child from Creative Kids Pre School. After the 30-day
notice has been received, we will return all unused cheques. **There will be no
withdrawals after March 31st.**

Please Initial ==> (____)

There will be a \$20.00 charge on all returned (N.S.F.) cheques.

Please Initial ==> (____)

A \$20.00 registration fee is required to ensure your child a place and is not refundable.
There will be no refund on monthly fees or any portion thereof, regardless of sickness,
school holidays or family vacations.

Please Initial ==> (____)

I have read and understood the policies and procedures as set forth in the Creative
Kids' Parent Handbook.

Please Initial ==> (____)

Signed: _____

Date: _____