



École Des Petits Amis

French Immersion Preschool

2017 - 2018 Registration

Students must be 3 years of age and toilet trained.

(Registration confirmed upon receipt of \$50 deposit, reg. form and postdated cheque for 1st month's tuition)

Class Requested:

Monday, Wednesday, Friday A.M. _____ Tuesday, Thursday A.M. _____

Tuesday, Thursday P.M. _____

Registration Information:

Child's Surname: _____ Given Name: _____

Birthdate : _____ Gender: M _____ F _____

Address: _____ Postal Code: _____

Home Phone Number _____

Email Address: _____

Parent/Guardian: _____ Parent/Guardian: _____

Address _____ Address _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Emergency Contact: (May NOT be parent, physical address needed)

Name of contact: _____

Phone Number: _____

Physical Address (No PO Boxes): _____

Relationship to child: _____

Individuals permitted to Sign Out my child other than parents/guardian:

Name: _____ Phone: _____

Name: _____ Phone: _____

Tell us about your child:

Siblings' Names & Ages: _____

Other Household Members: _____

Languages Spoken Other than English: _____

Pets' Names and Types: _____

Likes & Dislikes: _____

Tell us how you heard about us!:

- Word of Mouth
- Facebook
- Twitter
- Home Show
- Newspaper
- Drive by
- Other _____

PHOTO RELEASE: Students are often photographed by the staff of Ecole Des Petits Amis Preschool. These photographs may be used by the teachers for crafts, activities, lessons, special occasions, and to decorate the classroom. Ecole Des Petits Amis Preschool may also use the photographs for promotional purposes.

I consent to my child being photographed by the staff of Ecole Des Petits Amis Preschool:

Signature of Parent/Guardian: _____ Date: _____

Physical Status of Child

Does your child have any allergies? Yes No
If yes, please specify _____

Does s/he require medications? Yes No
If yes, please specify _____

Immunizations up to date? Yes No

Disabilities: Hearing _____ Vision _____

Physical _____ Other _____

Any other concerns regarding your child's needs? (speech, fine motor, etc.)

The Preschool, teachers and volunteers will not be responsible for any accident involving the welfare of any child traveling to and from the preschool.

CONSENT OF PARTICIPATION: I hereby give permission for my child to accompany his/her class, under the supervision of a teacher, on outings during the preschool term. This includes outdoor play at the playground.

Signature of Parent/Guardian: _____ Date: _____

PARENT’S AUTHORIZATION: My child has permission to engage in all prescribed Preschool activities. In the event that I cannot be reached in an EMERGENCY, I hereby acknowledge that my child may be hospitalized/treated as deemed necessary by medical personal.

Signature of Parent/Guardian: _____ Date: _____

PLEDGE: I have read the information sheet and realize what will be required of me as a participating parent. I understand that it is my responsibility to read and abide by the Policies of the Preschool as outlined in the Preschool’s Policy Manual provided at registration. I agree to;

- a) Pay fees promptly,
- b) Give thirty (30) days notice to the registrar before withdrawing my child,
- c) Abide by all school policies.

Signature of Parent/Guardian: _____ Date: _____