



# École Des Petits Amis

## French Immersion Preschool

2018 - 2019 Registration

**Students must be 3 years of age and toilet trained.**

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

Class Requested:

Monday, Wednesday, Friday A.M. \_\_\_\_\_ Tuesday, Thursday A.M. \_\_\_\_\_

Tuesday, Thursday P.M. \_\_\_\_\_ Tuesday, Wednesday, 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.)

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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: \_\_\_\_\_