



# École Des Petits Amis

## French Immersion Preschool

### 2021-2022 Registration

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

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

Class Requested:

Monday, Wednesday, Friday A.M. (\$270/mn) \_\_\_\_\_

Tuesday, Thursday A.M. (\$190/mn) \_\_\_\_\_

**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
- Trade Show (such as Mommylicious)
- 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: \_\_\_\_\_

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**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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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 Parent Handbook 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 Parent Handbook  
provided at registration. I agree to;

- a) Pay fees promptly,
- b) Give thirty (30) days notice to the director before withdrawing my child,
- c) Abide by all school policies.
- d) The Preschool, teachers and volunteers will not be responsible for any  
accident involving the welfare of any child traveling to and from the  
preschool.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_