



Registration Form

CLASS CHOICE: A B C D

Please pick 1st and 2nd choice

DATE OF REGISTRATION

/ /

PERSONAL INFORMATION

Child's Full Name:

Age:

Date of Birth: / /

Gender: Male Female

Address:

Postal Code:

Parent's Full Name:

Primary Phone #:

Work Phone #:

Email:

Place of Employment:

Parent's Full Name:

Primary Phone #:

Work Phone #:

Email:

Place of Employment:

Name of Babysitter, Friend, or Relative who can be reached if parents are unavailable:

Primary Phone #:

Has child had previous experience with children's groups? Y N

If yes, where?:

Field Trip Consent:

I _____ give consent for _____ (full name of child) to attend any field trips organized by Dundonald Preschool during the 20__/20__ school year. I understand that due notice will be given for the field trips and that the children will be supervised by responsible adults. Transit buses will be used to transport the children and supervising adults.

Date: _____ Parent or Caregivers Signature: _____

Permission for Medical Care:

I _____ give consent for _____ (full name of child) to receive any medical care necessary by qualified person(s) if I cannot be contacted in case of an emergency.

My child has the following allergies or health problems (please be specific):

Date: _____ Parent or Caregivers Signature: _____



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Child's Full Name: _____ Parent's Full Name: _____

AGREEMENT MADE BETWEEN DUNDONALD PRESCHOOL AND THE ABOVE

I wish to enroll my child in Dundonald Preschool and I understand and agree to the following conditions:

- I will act as a teacher's assistant for each child I have enrolled, as and when my turn comes. If I am unable to attend on any occasion I will be responsible for finding an appropriate substitute worker and I will inform the teacher. I will not bring any unregistered children, such as siblings, to the school on the days that I assist.
- I will pay the \$_____ registration fee per child at the time that I register.
- I will pay my monthly fees by 9 post-dated cheques at the time that I register; each dated the first of the month from Sept 1st, 20__ to May 1st, 20__, as outlined in the fee schedule.
- My first cheque will include the September and June fees. I understand that June's tuition is collected first and is not refundable unless the school asks for the withdrawal of my child.
- I understand that June's tuition is collected first to encourage a 'term commitment' to the preschool program and to compensate the school for the extra work and expenses resulting from early withdrawals.
- I will pay the \$_____ excursion fee by Sept. 15th, 20__.
- If I wish to withdraw my child for whatever reason, I will provide one full calendar month's written notice to the teacher.
- I will assume responsibility for my child's safe conduct to and from school and I will be prompt about picking him/her up after each class.
- I will not send my child to school if he/she is ill. I will inform the teacher of any infectious diseases affecting anyone in my family that my child could conceivably pass to other children.

Child's Health Card #: _____

Date: _____ Parent or Caregivers Signature: _____