

Creative Kids Preschool of Alliston

Registration Form – please fill in **all** information

Child's Name _____
(Surname) (First) (Middle)
Birth date _____ Name Child Responds To _____
(Day) (Month) (Year)
Home Phone _____ Email 1 _____
Cell phone _____ Email 2 _____
Street Address _____
Town _____ Postal Code _____
Mailing Address if different from above _____

Parent or Guardian can be reached at the following while child is at preschool:

| | Guardian 1 | Guardian 2 |
|--------------------------------------|------------|------------|
| Name | | |
| Work name | | |
| Work Street Address | | |
| City/Town | | |
| Work phone | | |
| Home Address if different from above | | |

If families are separated does child see both Guardians regularly? Yes No
Sole custody (papers required) _____ Joint custody _____

Medical Information

Doctor's Name _____ Street Address _____
Phone _____ Town/City _____

Medical Conditions YES NO Life Threatening? _____
If Yes, Please List _____

Allergies YES NO Life Threatening? _____
If Yes, Please List _____

All life –threatening allergies or medical conditions will require an anaphylactic form to be filled in and all staff must be given direct instructions.

Emergency Contact other than parents – always be sure we can reach someone if your child should become ill or hurt while at preschool or no one arrives to pick up child at end of session.

Name _____
Street Address _____ Town _____
Relationship to Child _____ Phone _____

Name _____
Street Address _____ Town _____
Relationship to Child _____ Phone _____

Persons **authorized to pick up** child without notice other than parents/guardians especially on a regular basis. It is always best to inform staff of change in pick up. If they are different than the contact listed above.

Children will not be released without proper authorization and identification.

Name _____ Phone _____
Name _____ Phone _____

Do Not Allow my child to be picked up by _____

Parents; we will be keeping a copy of your child's previous history of communicable diseases, and conditions requiring medical attention in their file as required by the legislative section to comply with Ministry of Education requirements. Please complete this table by circling any communicable diseases your child has had to date.

Child's name:

| | | | | |
|-------------|-------|---------|---------|--------|
| Chicken Pox | Mumps | Measles | Rubella | Other: |
|-------------|-------|---------|---------|--------|

Siblings Names and Age (Month/Year)

Number of Sessions per week **1** **2** **3** **4** **5**

Preference of Days M T W TH F am pm

Alternate Choice M T W TH F am pm

No classes on Wednesday & Friday afternoons.

All information received by you will be kept confidential and used for Creative Kids Preschool purposes only. Registration forms are destroyed after 2 years. I, _____, agree that all the above information is accurate and up-to-date.

(Parent/Guardian Signature)

(Date)

How did you hear about us? Circle all that apply. PHONEBOOK Newspaper Ad WEBSITE FLYER

Ontario**E**arly**Y**ears**C**entre **P**reschool**R**esource**S**ervices **F**RIEND/**N**EIGHBOUR Other _____

Is your child receiving help from other services? Preschool Resource Teachers are on site but parent must request service for their help. Please speak to staff if you have any developmental concerns or questions.

If you would like updates and reminders:

To subscribe via SMS: Enter this number-(705)805-1106 Text this message- @751047

To be filled in by Office Staff:

Child's name _____ Guardians' Name _____

Registration Fee Paid – Cheque _____ Cash _____ ETF _____ **Sessions confirmed-** _____

Cost per month _____

Method of Payment: _____

Per Authorized Debit Form Completed _____

Etransfer Use this Address _____ ckpetransfer@gmail.com _____

Cheques- Sept., Oct., Nov., Dec, Jan., Feb., Mar., Apr., May, June

Cash _____ -

Name of Person on Cheques or Pre-Authorized Debit Form _____

Admission Date- _____

Departure Date- _____

CREATIVE KIDS PRESCHOOL OF ALLISTON

Permission Forms

Medical Treatment – In an emergency every effort will be made to contact parents/guardians but sometimes this is not possible and immediate treatment is necessary.

In case my child is hurt or becomes seriously ill while at school, and it is not possible to reach primary caregiver, he or she may be seen by a doctor at the emergency room of the hospital. An ambulance would be called for such emergencies.

(Parent or Guardian Signature)

(Date)

Public Health Unit – Updated immunization is required by the commencement of preschool and is forwarded to the Simcoe Muskoka District Health Unit - Preschool Immunization department. We are required to pass on names of any child with a reportable disease like chicken pox, whooping cough, measles etc. Always inform the school of symptoms or diagnosis when your child has been ill.

(Parent or Guardian Signature)

(Date)

Field Trips – Walks in the neighbourhood may be taken with or without previous planning. On occasion, we will ask parents to pick up at Riverdale Park by the hospital or we may go for a walk close to the preschool or the downtown core. Parents would be notified at drop off or in advance. Parent volunteers would be invited to help with supervision appropriate to the group.

Parents sign a permission form for planned field trips where transportation is required. On these days, the preschool would be closed and families would meet at the designated site. Generally, there is one bus trip planned towards the end of the school year. Creative Kids Preschool will not arrange transportation in personal vehicles.

I give permission for my child to participate in neighbourhood walks and field trips. Although all walks and field trips are well supervised, I understand that there is always an element of risk, beyond the preschool's control, with any type of physical activity.

(Parent or Guardian Signature)

(Date)

Video – Photo – Social Media - Throughout the school year pictures are taken for our slide shows and may be posted on our computer to show the children. (not website) Pictures are used in the classroom for the children and families to see, co-op student assignments, or at promotional events. Professional class and individual pictures are done once per school year. My child may be a part of this type of picture. **Names are never added for public viewing.** Parents must give consent to add names (ie. newspaper)

(Parent or Guardian Signature)

(Date)

Facebook / Social Media - from time to time parents are at events taking pictures. Creative Kids Preschool will not be held liable for pictures shown on any form of media. Please respect the privacy of others and do not post pictures or videos of children on your social media - facebook, twitter ect. without parental consent.

(Parent or Guardian Signature)

(Date)

Confidentiality – Staff and board members work hard to do their best each day. Any concerns should always be brought to the attention of the supervisor or chair person of the board and not discussed in a public forum. It is important to CKP that confidentiality of our staff, volunteers, families, and community partners is respected.

(Parent or Guardian Signature)

(Date)

Parental Agreement – I acknowledge that I have read, understand, and agree to adhere to the terms and conditions as outlined on the **Parental Agreement and the Parent Code of Conduct. I have also read the Program Statement outlining the thinking of the preschool.**

(Parent or Guardian Signature)

(Date)