

This form must be completed in full and submitted along with all cheques as part of your application package in order to secure a spot for your child for the upcoming year.

## WINDSOR PARK PRESCHOOL

### REGISTRATION FORM

Application for the year of September, 20\_\_ to June, 20\_\_

Child's full name	
Name commonly used <i>(if different from above)</i>	
Full mailing address	
Date of birth	
Application for 3YO or 4YO Program?	
Brother(s) and age(s)	
Sister(s) and age(s)	
Name of school(s) attended by siblings	

#### Information for PARENT 1

Full name	
Full mailing address <i>(If different from above)</i>	
Daytime phone number	
Alternate phone number	
Occupation	
Work address	
Email address	
Relation to child	

#### Information for PARENT 2

Full name	
Full mailing address <i>(If different from above)</i>	
Daytime phone number	
Alternate phone number	
Occupation	
Work address	
Email address	
Relation to child	

This form must be completed in full and submitted along with all cheques as part of your application package in order to secure a spot for your child for the upcoming year.

**General Information**

Who is responsible for picking up the child from school? <i>(Please advise the teacher if this should change)</i>	
Alternate person(s) authorized to pick up child <i>(Specify full name(s) and relation(s) to child)</i>	
Please provide information regarding any difficulties your child may have which inhibits him/her from participating fully in class	
Please offer specific instructions that might assist the teacher to ensure that your child is able to participate in class	
Do you have any skills that could contribute to the school? <i>(e.g. Carpentry, sewing, photography, etc)</i> If so, please specify	
Is your child's immunization up to date?	
Is your child toilet trained?	

This form must be completed in full and submitted along with all cheques as part of your application package in order to secure a spot for your child for the upcoming year.

**WINDSOR PARK PRESCHOOL**  
**GENERAL CONSENT FORM**

I/We consent for my/our child \_\_\_\_\_ to participate in supervised field trips organized by Windsor Park Nursery School; to take part in outdoor activities including playing on the equipment at the Windsor Park Community League Playground and going for walks in the surrounding area. We also consent to the publishing of our names, our child's name, birth date, and home phone number in a phone list which will be prepared for all nursery school families to refer to.

Parent signature(s)

\_\_\_\_\_ / \_\_\_\_\_

If you live in Windsor Park, please provide your Community League Membership number:

\_\_\_\_\_ Date \_\_\_\_\_

This form must be completed in full and submitted along with all cheques as part of your application package in order to secure a spot for your child for the upcoming year.

## WINDSOR PARK PRESCHOOL

PORTABLE RECORD OF EMERGENCY INFORMATION AND AUTHORIZATION FORM  
(Section 24, Child Care Regulation made pursuant to the Social Care Facilities Licensing Act)

Child's full name	
Full mailing address	
Date of birth	

**Information for PARENT 1**

Full name	
Full mailing address <i>(If different from above)</i>	
Daytime phone number	
Alternate phone number	
Occupation	
Work address	
Email address	
Relation to child	

**Information for PARENT 2**

Full name	
Full mailing address <i>(If different from above)</i>	
Daytime phone number	
Alternate phone number	
Occupation	
Work address	
Email address	
Relation to child	

**Information for Emergency Contact 1** *(in parent's absence)*

Full name	
Full mailing address <i>(If different from above)</i>	
Daytime phone number	
Alternate phone number	
Occupation	
Work address	
Email address	
Relation to child	

This form must be completed in full and submitted along with all cheques as part of your application package in order to secure a spot for your child for the upcoming year.

**Information for Emergency Contact 2** *(in parent's absence)*

Full name	
Full mailing address <i>(If different from above)</i>	
Daytime phone number	
Alternate phone number	
Occupation	
Work address	
Email address	
Relation to child	

**Child's Medical Information**

Child's physician <i>(full name)</i>	
Full mailing address	
Phone number	
Is your child's immunization up to date?	
Allergies? If so, please specify	
Which of these allergies, if any, might require emergency treatment? <i>(e.g. EpiPen)</i>	
What relevant current or previous medical/health problems should be noted?	
What medications is your child currently taking?	

**PLEASE SIGN BELOW FOR EMERGENCY AUTHORIZATION:**

I hereby authorize the use of an ambulance to transport my child to the hospital, should the need arise.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I hereby authorize emergency medical personnel to administer medical care to my child, should the need arise.

Signature \_\_\_\_\_ Date \_\_\_\_\_