## STUDENT INFORMATION

CLASS PREFERENCE: Mon/Wed/Fri AM		Mon/Wed/Fri PM	
Child's full name			
Nickname or preferred			
Address			_
City	Province	Postal Code	
Birth Date (dd/mm/yy)		Sex M () F ()	
Mother/Guardian			_
Address			_
City	Province	Postal Code	
Primary phone			
Email address			
Father/Guardian:			
Address			
City	Province	Postal Code	
Primary phone:	Er	mail Address	

## **EMERGENCY INFORMATION**

Emergency Contact 1	
Relation To Child	
Cell or Daytime Phone	
Emergency Contact 2	
Relation To Child	
Cell or Daytime Phone	
CHILD RELEASE	≣
Parents must list the names of all persons (other than their child. We require parents to notify the teacher in witheir child. In a rare emergency situation, arrangement picking up the child is not known to the teacher, inform including the following: name and phone number. This picture ID. If an unauthorized person arrives to pick up supervision of the teacher at the Preschool.	writing if someone else will be picking up as can be made verbally. If the person nation about the person must be provided, person may be required to show a
Authorized pick	up persons:
Name	Phone
Name	Phone
Name	Phone

## MEDICAL INFORMATION

Does your child have any allergies? YES () NO ()
If yes please specify
Does your child carry an Epipen YES() NO ()
Does your child require other medication at home or on an ongoing basis? YES () NO (
If yes please specify
Does your child have any medical or emotional condition, which requires treatment or supervision? YES () NO ()
If yes please explain
Other Medical Concerns
SignatureDate

## **SECURING A SPOT FOR YOUR CHILD**

Enrolling your child at Little Orchards Preschool requires 3 steps:

- 1. Completion of the Registration Form
- 2. Registration fee \$40 (a non-refundable, post-dated cheque or email transfer) is required upon registration.