

Little Sparks Preschool Registration Form

Child's Last Name: _____ First: _____ Initials: _____ Sex: _____ Birthdate: mm/dd/year

Please Check:

Monday:	Half Day _____ Full Day _____	Our Hours: Half Day – 8:30-11:30 Full Day – 8:30 – 3:30
Tuesday:	Half Day _____ Full Day _____	
Wednesday:	Half Day _____ Full Day _____	
Thursday:	Half Day _____ Full Day _____	
Friday:	Half Day _____	

(Families that require Fridays will be placed on a waiting list until there are 5 students confirmed to permit opening the preschool)

Mother's Name: (first) _____ (last) _____

Home Address: _____

Workplace & Address: _____

Contact Numbers: Home: _____ Work: _____ Cell: _____

Email: _____

Father's Name: (first) _____ (last) _____

Home Address: (if different than above) _____

Workplace & Address: _____

Contact Numbers: Home: _____ Work: _____ Cell: _____

Email: _____

Guardian's Name: (first) _____ (last) _____

Home Address: _____

Workplace & Address: _____

Contact Numbers: Home: _____ Work: _____ Cell: _____

Email: _____

Emergency Contact: (someone other than the parent/guardian who we can contact in an emergency if the parent/guardian can not be found)

Name: _____ **Relationship to child:** _____

Address: _____

Contact Numbers: Home: _____ Work: _____ Cell: _____

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Custody Status:

Are there any custody restrictions that we should know about? Yes / No If yes, please state custody agreement:

Please note: a copy of your court documents must be on file in order to enable our staff to enforce this agreement.

Authorized Persons who may pick up child.

- 1.
- 2.
- 3.

Medical Information:

Child's Physician: _____ Tel: _____

Address: _____

Does your Child have any allergies? Yes / No If yes, please specify below:

Medication: _____

Environment: _____

Food: _____

Other: _____

Does your child carry an EpiPen? Yes / No

Does your Child have asthma? Yes / No

If yes, does your child need to store inhalers at preschool? Yes / No

Any Previous communicable diseases, illnesses or injuries?

Date

Special Medical Conditions:

Are there any special requirements for diet, medication, rest or exercise?

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Child Development:

Has your child had any previous group play experiences? Yes / No

If Yes, please describe:

Has your child been involved with any resource agencies? Yes / No

If Yes, please describe:

Do you have any concerns about your child's development? Yes / No

What would you consider your child's strengths?

What would you consider your child's weaknesses?

Does your child have any fears/concerns that we should know about?

Any other information concerning personality, development or behaviour that would be useful?

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Registration and Fees

The cost for your child to enrol in Little Sparks Preschool is as follows:

1. A \$50 administration fee is required to reserve a space for your child in the program. This is a non-refundable fee.
2. Program Fees are \$26/day for the Half Day Program and \$48/day for the Full Day Program
3. **Pre Authorized Debit** is the preferred method of payment. Withdrawals are made on either the 1st or the 15th of each month.
4. **SPECIAL NOTE: Review of the Parent Handbook is required and all forms in the registration package must be complete and returned prior to your child being permitted to join the program on their start date.**

Your signature here indicates your knowledge of and agreement to abide by all policies and procedures contained in the Parent Handbook.

Date: _____ Parent's Signature: _____

For Office Use Only:

Administration fee of \$50 _____ (non refundable)

Post dated Cheques received:

Sep ___ Oct ___ Nov ___ Dec ___ Jan ___ Feb ___ Mar ___ Apr ___ May ___ June ___

Copy on file of: Immunization record _____
School Immunization History form _____
Photo Consent _____
Consent for Collection of Personal Information _____

Anaphylactic / Allergy sheet required? Yes / No Attached? Yes / No

Date of Admission:

Date of Withdrawal:

Please initial beside the following Preschool Policies to indicate that you have read and have stated your intention for each policy.

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Photo Consent

Documentation of your child's early learning is a regular part of our program and includes photographs and / or video of the children that may be displayed in the classroom, in a classroom journal or in a newsletter.

Please complete the following:

_____ I give permission for my child's photograph to be used in the following ways: *(Initial all that apply)*

_____ classroom displays / journal

_____ newsletters

_____ Little Sparks Facebook page

_____ website / promotional materials

_____ I do not want me child to be photographed

_____ I give Little Sparks staff permission to apply sunscreen, handsoap, handsanitizer and/or lipchap as needed

Consent for Collection, Use and Disclosure of Personal Information

Privacy of your personal information is an important part of providing your child with quality child care. Our

privacy protocols comply with privacy legislation, standards of regulatory bodies, the Day Nurseries Act and the

law. Storage, retention and destruction of personal information complies with existing legislation and privacy

protocols.

Collection, use and disclosure of information will only be used for:

- providing child care
- to communicate with Municipalities, Ministry of Education, Children's Aid Society, Health Units, Emergency Medical Services and other agencies as required by legislation.
- to collect unpaid accounts
- to comply with the law

Your information may be accessed by regulatory authorities as required by law.

In the event that a request is made outside of the criteria noted above, you will be contacted for your permission

to release your information. (I.e. Outside resource agency due to special needs)

_____ I agree to give my informed consent to the collection, use, and / or disclosure of personal information

about my child, for the purposes listed above. If a new purpose arises, I will be contacted in advance.

Anaphylactic Allergies

There is someone in your child's class with a severe allergy which can cause a life-threatening anaphylactic reaction.

The allergies include: **Peanuts**

_____ I agree to not send any products to school that contain any form of the above noted allergens. I will check ingredients carefully.

Parent's Name: (Please Print): _____

Date: _____ Parent's Signature: _____

Date: _____ Supervisors Signature: _____