

**2012-2013
KILLARNEY PARK PRESCHOOL
REGISTRATION FORM**

NAME OF CHILD: _____			<input type="checkbox"/> boy <input type="checkbox"/> girl
Last name	First name(s)	Middle initial	
Date of Birth: ____ / ____ / ____			Name child responds to: _____
Year	Month	Day	
Child's First language: _____		Second: _____	
ADDRESS: _____		City: _____	Postal Code: _____

Mother's Name: _____

Father's Name: _____

ADDRESS (if different from child):

ADDRESS (if different from child):

Home Phone #: _____

Home Phone #: _____

Cell #: _____

Cell #: _____

Work #: _____

Work #: _____

Occupation: _____

Occupation: _____

Other people living in the home (siblings, grandparents, etc.). Please include ages for siblings:

PERSON(S) AUTHORIZED TO PICK UP THE CHILD AND / OR BE CONTACTED IN CASE OF EMERGENCY:

Please check: mother father

Please list others:

Name: _____ Relationship to child: _____

Home Phone #: _____ Cell #: _____ Work #: _____

Name: _____ Relationship to child: _____

Home Phone #: _____ Cell #: _____ Work #: _____

Name: _____ Relationship to child: _____

Home Phone #: _____ Cell #: _____ Work #: _____

IF THERE IS A CUSTODY AGREEMENT, PLEASE GIVE DETAILS AND ATTACH A COPY:

Has the child previously attended Daycare/Preschool?

YES _____ NO _____ If YES, where? _____

Were there any problems?

(turn over)

WORDS YOUR CHILD USES FOR GOING TO THE WASHROOM:

HEALTH INFORMATION: Care card #: _____ Date effective: _____

Family doctor: _____ Phone #: _____

Family Dentist: _____ Phone #: _____

Other Health Professionals involved with your child:

Name: _____ Profession: _____ Phone #: _____

Name: _____ Profession: _____ Phone #: _____

Name: _____ Profession: _____ Phone #: _____

IF APPROPRIATE, COMMENT ON THE FOLLOWING HEALTH ISSUES:

1. Special Medications: _____

2. Vision or hearing problems: _____

3. Speech or language difficulties: _____

4. Allergies or Asthma: _____

a) Do the child and/or family (i.e. parents or siblings) have a history of allergy or asthma? _____

b) Has the child had a number of surgeries? _____

If the answer to either 4 a) or b) is YES, you may need to fill out a CHILD ALLERGY/ASTHMA INFO. FORM

5. Other (specify): _____

PARENT'S COMMENTS (if any):

This health information is to be made available to the staff of the Vancouver Health Department.

I hereby give my consent for my child to be involved in drop-in visits by the Vancouver Health Department staff.

Signature of person providing information Date: _____ / _____ / _____
year month day

Indicate your **class preference** with **1** (first choice), **2** (second choice), **3** (third choice)...

4-year-olds (born in 2008):

3-year-olds (born in 2009):

Alligators (M/W/F) 9:00-11:30 (\$130.00/mth) ___

Ladybugs (M/W) 9:15-11:15 (\$90.00/mth) ___

Butterflies (M/W/F) 12:45-3:15 (\$130.00/mth) ___

Monkeys (M/W) 12-45-2:45 (\$90.00/mth) ___

Dinosaurs (T/Th) 9:00-11:30 (\$100.00/mth) ___

Penguins (T/Th) 9:15-11:15 (\$90.00/mth) ___

Elephants (T/Th) 12:45-3:15 (\$100.00/mth) ___

Rabbits (T/Th) 12:45-2:45 (\$90.00/mth) ___

* Butterflies & Elephants (M-F) (\$230.00/mth) ___

* Monkeys & Rabbits (M-Th) (\$180.00/mth) ___

* **students can take 2 afternoon classes (subject to availability) but NOT 2 morning classes or combinations of morning & afternoon classes**

* **class placement may depend on language ability, child development, and/or birthdate**

FEES:

- **\$25 NON- REFUNDABLE REGISTRATION FEE** required at the time of registration

- A full month's tuition fee payable **ONE MONTH BEFORE** your child starts

- **MONTHLY POST-DATED CHEQUES** for the rest of the school year

OFFICE USE ONLY

Starting Date: _____ / _____ / _____ Staff Initials: _____

Receipt #: _____ Date paid: _____ Cash / Cheque # _____