

**Mapleridge Cooperative Preschool Association
REGISTRATION FORM**

Please print and fill out form in full. If something does not apply, please write n/a.

Child's Legal Surname	First Name	Middle Name
Child's Nickname _____	Birth Date: d ____ m ____ y ____	Male ___ Female ___
Address _____		E-mail _____
City _____	Province _____	Postal Code _____ Phone _____
AB Health Care # _____		Hospital Preference _____

FAMILY DOCTOR INFORMATION

Name _____ Address _____
Phone _____ Hospitalization (date & diagnosis) _____
Are your child's Immunizations up to date? Yes / No
Does your child take any medications? Yes / No
If Yes, please describe _____
Does your child have any allergies? Yes / No
If Yes, please describe _____
Does your child have a medical or emotional condition, requiring treatment? Yes / No
If Yes, please explain: _____

I hereby authorize the preschool teacher, supervising my child, to act on my behalf in case of necessary emergency medical care. In case of a serious accident or illness, the program will act in the best interest of the child (seek medical attention if needed) and contact the parent or emergency contact as soon as possible. The parent will be responsible for the cost of an ambulance or any costs incurred.

Signature of Parent/Legal Guardian

Dated at time of registration

Mother's Name (First & Surname) _____ CELL# _____
Mother's Home Address: _____
Mother's Employer _____ Phone _____
Employer's Address _____

Father's Name (First & Surname) _____ CELL# _____
Father's Home Address: _____
Father's Employer _____ Phone _____
Employer's Address _____

Siblings

Name /Birth Date	Name/Birth Date	Name/Birth Date
_____	_____	_____

Emergency Contact (Other than Parent)

Name _____ Phone (H) _____ Phone (B) _____
Address: _____ CELL# _____

Please list names of all the people (including parents) who will pick up your child from preschool:

Under no circumstances will your child be released to anyone unknown to the preschool or the teacher without authorization from the parent or guardian.

How would you describe your child's personality? _____

Does your child have any FEARS you are aware of? _____

How does your child react to FEAR/STRESS? _____

Has your child been in group situations before? Yes / No

If yes, What / Where? _____

Is there anything that would make preschool a better experience for your child? Yes / No

If Yes, explain: _____

What is your child's favorite color? _____

Since we are a cooperative preschool, you will be required to volunteer in the classroom throughout the school year. Which days of the week are you able to volunteer? _____

How did you hear about Mapleridge Preschool? _____

Provincial Licensing regulations require that each child's registration form be checked twice a year to ensure all information is correct and up to date. Please take a few moments to read over the information on your registration form and make any necessary corrections. When your form is updated, please sign your name in the space provided.

Signature / Date (reconfirm information)
(to be signed **September, 2017**)

Signature / Date (reconfirm information)
(to be signed **September, 2018**)

Signature / Date (reconfirm information)
(to be signed **January, 2018**)

Signature / Date (reconfirm information)
(to be signed **January, 2019**)

Preschool Use only

School Year (2017/18) Class _____
Reg. Fee: Cash _____ Cheq. _____
May 1/18 Fee: Cash _____ Cheq. _____
Extra Curricular Fee: _____
Confirmation Letter: _____
Orientation Letter: _____
Post Dated Cheque's: _____

School Year (2018/19) Class _____
Reg. Fee: Cash _____ Cheq. _____
May 1/19 Fee: Cash _____ Cheq. _____
Extra Curricular Fee: _____
Confirmation Letter: _____
Orientation Letter: _____
Post Dated Cheque's: _____