

Number _____

THICKWOOD HEIGHTS PRESCHOOL REGISTRATION FORM

Class Mon/Wed/Fri 9AM
(circle one) Tues/Thurs AM or PM

Child's Name: _____
(Surname, Given Name)

Male ()
Female ()

Name Child Goes By: _____

Birthdate: _____
(mm/dd/year)

Address: _____

Phone: _____

City/Province: _____

Postal Code: _____

Alberta Health Care Number: _____

Best Email Address for Contact Purposes: _____

Mother's Information:

First Name	Last Name
Street Address	City/Province
Postal Code	Employer
Home Phone	Cell Phone

Father's Information:

First Name	Last Name
Street Address	City/Province
Postal Code	Employer
Home Phone	Cell Phone

Babysitter's Information:

First Name	Last Name
Phone Number	

Emergency Contact:

First Name	Last Name
Address	Postal Code
Phone Number	Cell Phone

Person(s) not authorized to pick up child: _____

Comment: _____

Are your child's immunizations up to date: YES NO

If no, please specify: _____

List all medications your child takes at home on a regular basis and the condition that they are taken for:

Name and Age of Siblings: _____

Does your child have any previous Day Care and/or Preschool experience? If so please specify:

Is your child Left or Right handed: _____

What language is spoken at home: _____

Is/Does your child:

Shy? YES / NO Speak Well? YES / NO

Overtire Easily? YES / NO See Well? YES / NO

Have Nervous Habits? YES / NO Hear Well? YES / NO

Allowed to participate in Active Games? YES / NO

Have any fears? (please specify) _____

Does your child have any allergies? _____

Please indicate any precautions and/or restrictions to be observed (i.e., Diet, Physical, Environmental):

Please circle any relevant medical conditions:

Epilepsy Skin Disease Heart Trouble Asthma

Diabetes Respiratory Convulsions Eczema

Other: _____

If a student requires an Epipen, parents will be required to complete a Medical Form and have it signed by a physician. Please see Lead Teacher to obtain form.

WAIVER I hereby give permission for _____ to participate in the program at Thickwood Heights Preschool. I hereby give permission for my child to go on any walking school trips off the premises, which should occur during the school year. I understand that the children will be supervised by two teachers as well as two parent helpers and that they will NOT be driving. I also give permission for my child to play outside on the school ground, on Father Mercredi High School Field and on neighbourhood walks, weather permitting. Again, two teachers and two parent helpers will supervise the children. I, the undersigned hereby waive all claims against Thickwood Heights Preschool Association, their representatives and employees, for any accidents or injuries that may occur to the person named above or his/her property with his/her participation in the program. Having entrusted the care of my child to Thickwood Heights Preschool Association, I hereby authorize them to obtain any emergency care required. I have read and will cooperate with the items in this agreement.

Please read and initial the following:

_____ I understand this is a cooperative school and will fulfill my duties as a parent. These duties include performing a minimum of one duty day per month per child.

_____ I give permission for my child's photo to be taken and used in printed, digital or social media.

_____ I am aware that the registration fee is non-refundable.

_____ I am aware of and agree to perform two Cleaning nights per year per child OR one Casino Shift. For this, I will pay a \$500 deposit, which will be returned upon performance of these requirements.

_____ I am aware that there will be no refunds after March 1st.

Registration Day: _____ Date: _____
(Signature)

Mid Year Update: _____ Date: _____
(Signature)