

Erin Mills

Co-operative Nursery School

2020-2021

For Registrar use only please:

CHILD'S NAME: _____ CLASS: _____

Enrolment Date: _____

End Date: _____

Please indicate
which program you
are enrolling your
child in.

	✓	Participating	✓	Non-Participating
2 mornings/week		\$220		\$290
3 mornings/week		\$280		\$380
5 mornings/week		\$495		\$660
4 afternoons/week		\$340		Not Available

Child's Full Name: _____ Sex: M F

Child's Home Address: _____ Date of Birth: (YYYY/MM/DD) _____

City: _____ Postal Code: _____ Primary Phone Number: _____

Primary Parent/Guardian 1: _____

Home Address: Same as Child's (if different, please indicate) City: _____ Postal: _____

Home Phone: _____ Cell: _____

Place of Work: _____ *If N/A Please Use Home Address*

Work Address: _____

City: _____ Postal: _____

Email address (primary email): _____

Primary Parent/Guardian 2: _____

Home Address: Same as Child's (if different, please indicate) City: _____ Postal: _____

Home Phone: _____ Cell: _____

Place of Work: _____ *If N/A Please Use Home Address*

Work Address: _____

City: _____ Postal: _____

Email address: _____

Child Care Provider:	Doctor:
Residential #:	Business #:
Business #:	Other:
Cell#:	

NEAREST CONTACT WHO IS AUTHORIZED TO PICK UP YOUR CHILD IF PARENTS CANNOT BE REACHED:

Name: _____ Relationship to child: _____

Residential #: _____ Business #: _____ Cell #: _____

Complete Address: _____

SECOND CONTACT IF PARENTS OR NEAREST CONTACT CANNOT BE REACHED

Name: _____ Relationship to child: _____

Residential #: _____ Business #: _____ Cell #: _____

Complete Address: _____

I _____ have made the Emergency contacts aware of their responsibility with respect to my child. I understand that 911 may be called if teachers or duty parents feel emergency situation requires immediate medical assistance.

<p>Child's Medical Information</p> <p>Disabilities: _____</p> <p>Allergies: _____</p> <p>Serious Illnesses or Communicable Diseases child has contacted in the past (if any): _____</p> <p>Please list any other medical information you feel would be useful for teachers to have: _____ _____ _____</p> <p>THIS WILL CERTIFY THAT THE ABOVE-NAMED CHILD IS FREE FROM COMMUNICABLE DISEASES AND IS ABLE TO PARTICIPATE IN PRESCHOOL ACTIVITIES.</p>

<p>SIGNATURE OF PARENT/GUARDIAN: _____</p> <p>DATE: _____</p>
