



REGISTRATION FORM

Located at: (J.H Picard School) Room #102 7055 - 99 Street, T6E - 3R4 Ph: 431-2534

EMERGENCY INFORMATION

Child's Name: _____ Male _____ Female _____

First Name *Family name*

Date of Birth: Month _____ /Day _____ /Year _____

Child's Address: _____ Postal Code _____

Allergies: _____

Current Medication: _____

EMERGENCY CONTACT (2019-2020)

Please fill out this information for the emergency purpose:

Mother's Name :	
Address :	
Postal Code :	
Home phone number :	
Place of work :	
Work phone number :	
Cell :	
Email:	

Father's Name :	
Address :	
Postal Code:	
Home phone number :	
Place of work :	
Work phone number :	
Cell:	
Email:	

Authorized persons to whom the child may be released to in case of emergency if the parents are not available.

Emergency Contact	Address	Phone Number

Child's History and Relevant Information:

> Authorized persons to whom the child may be released other than parents:

> Is the child toilet trained: Yes _____ No _____

> Child's typical reaction to stress:

> Child's typical reaction to illness:

(Will he/she tell staff?) Yes _____ No _____

> Parent's method of discipline:

> Areas of difficulty:

> Any particular fears: (i.e.: of the dark, thunder)

> Favorite activity:

> Previous experience with daycare or nursery school (list):

Please tell us what your goals are for your child in the daycare program: _____

Family Background / Language Spoken at Home: _____

Please Tell Us Your Childs Interests: _____

The child will be enrolled in:

Preschool and/or Kindergarten:

1. Preschool Program _____

2. Kindergarten Program _____

Extension hours needed: Yes _____ No _____

(P.D.days or Spring Break)

Before and after school (Grade 1 to 6)

- 1. Before school only _____
- 2. After school only _____
- 3. Before and after school _____

Child's Physician: _____

Phone Number: _____

Child's Alberta Health Care Insurance Number: _____

Does your child take any medication: Yes _____ No _____

If yes, which one(s)? _____

Prescribed by which Physician: _____

Any allergies or recurring medical problems: _____

Immunization up to date: Yes _____ No _____

The Parents or Guardians are responsible to bring and to pick up their children from the centre, and to sign in and out on the attendance sheet with the exact time the child has been dropped off or picked up.

Les Tournesols/ Sunflowers Bilingual Montessori Centre will be held responsible or liable for any injury which may be incurred on transportation that is provided to or from field trips or on a walking field trip that is included in class time.

Les Tournesols/ Sunflowers Bilingual Montessori Centre will also not be held responsible for any payment of ambulance services needed by your child while in our care.

My signature insures that I have read and agreed to the previous two paragraphs and that the information on this registration form is correct.

Parent or Guardian Signature

Date