



Pineview Christian Nursery School Registration Form

Preferred Class: Mon/Wed AM ____ Tues/Thurs AM ____ Tues/Thurs PM ____
Returning Student ____ Returning Family ____ New to PCNS ____

Child's Information

Name _____ Male ____ Female ____

Date of Birth _____ Best Phone Number to Reach You _____

Home Address _____

Postal Code _____ Email _____

Health Care Number _____ Up-to-date Immunization? Yes ____ No ____

Allergies _____

Dietary Needs _____

Medical Concerns _____

List of medications taken or may need on a regular basis. Please specify conditions that they are taken for _____

Is there any other information about your child that we should know?

Parent/Guardian Information

Name of Parent/Guardian #1 _____

Address (if different from above) _____

Home Phone # _____ Cell Phone # _____

Work Phone # _____ Place of Business _____

Name of Parent/Guardian #2 _____

Address (if different from above) _____

Home Phone # _____ Cell Phone # _____

Work Phone # _____ Place of Business _____

Emergency Contact

Name of Emergency Contact Other Than Parents/Guardians _____

Address _____

Phone # _____

People who PCNS is authorized to release your child to other than Parents/Guardians and the Emergency Contact. This can be left blank.

Name _____ Phone # _____

Name _____ Phone # _____

In the event of a medical emergency, I, _____ (parent/guardian), give the staff of Pineview Christian Nursery School permission to get emergency medical help for my child, _____ (child's name). I agree to pay for all expenses incurred as a result of this treatment, such as (but not limited to) ambulance fees, hospital fees, etc.

Parent/Guardian Signature _____

Date Signed _____

We are planning to take photos of your child and their classmates throughout the year. In accordance with the Freedom of Information and Protection of Privacy Act (FOIPP), we need your consent to share your child's photos for school related purposes (ex: bulletin board displays, slideshows, craft projects, etc. If photos are requested for out of class purposes such as promotional material and website display, a different FOIPP form will be given).

I, _____, give permission to PCNS to photograph my child and share pictures for school related purposes.

Parent/Guardian Signature _____

Date Signed _____

All of the above information is correct and up to date. I have read and I agree with the PCNS discipline policy and all policies contained in the parent handbook. (Please see Parent Handbook).

Parent Signature _____

Date Signed _____