

Date Received:



Preferred class:

Mon/Wed AM\_\_\_\_ Mon/Wed PM\_\_\_\_ Tues/Thurs AM\_\_\_\_ Tues/Thurs PM \_\_\_\_

Returning Student \_\_\_\_ Returning Family\_\_\_\_ New to PCNS \_\_\_\_

## PINEVIEW CHRISTIAN NURSERY SCHOOL REGISTRATION FORM

### CHILD'S INFORMATION

Name \_\_\_\_\_ Male\_\_\_\_ Female\_\_\_\_

Date of Birth \_\_\_\_\_ Home Phone # \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_ Postal Code \_\_\_\_\_

Email Address \_\_\_\_\_

Health Care Number \_\_\_\_\_ Physician\_\_\_\_\_

Physician address \_\_\_\_\_ Physician Phone # \_\_\_\_\_

Allergies \_\_\_\_\_

Dietary Needs \_\_\_\_\_

Medical Concerns\_\_\_\_\_

List medications taken or may need on a regular basis and specify conditions they are taken for:\_\_\_\_\_

Up-to-date Immunization? Yes\_\_\_\_ No \_\_\_\_

### PARENT/GUARDIAN'S INFORMATION

Name Parent/Guardian #1 \_\_\_\_\_

Home Phone # and address if different from above\_\_\_\_\_

Cell Phone # \_\_\_\_\_

Work Phone# \_\_\_\_\_ Place of Business \_\_\_\_\_

Name Parent/Guardian #2 \_\_\_\_\_

Home Phone # and address if different from above\_\_\_\_\_

Cell Phone # \_\_\_\_\_

Work Phone# \_\_\_\_\_ Place of Business \_\_\_\_\_

## EMERGENCY CONTACT (Other than primary caregiver)

Name \_\_\_\_\_ Phone # \_\_\_\_\_

In case of emergency, this child can be released to:

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone # \_\_\_\_\_ 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 \_\_\_\_\_

## REGULARLY SCHEDULED OUTINGS PERMISSION

I, \_\_\_\_\_ allow the Pineview Christian Nursery School Association to take my child, \_\_\_\_\_ off of the premises for neighbourhood walks and walks to neighbourhood playgrounds. The teacher and teacher aid will go on all outings and extra parents will be asked to accompany my child's group whenever needed.

Parent/guardian signature \_\_\_\_\_

Date signed \_\_\_\_\_

## **\*PLEASE NOTE: CHILDREN ATTENDING MUST BE TOILET TRAINED**

We are planning to take photos throughout the year of your child and their classmates. We need your consent to share your child's photos.

I \_\_\_\_\_ give permission to PCNSA to photograph my child and share pictures for school-related purposes (e.g., bulletin board displays, slideshows, craft projects, etc.).

Parent/guardian signature \_\_\_\_\_

Date signed \_\_\_\_\_

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

Parent/guardian signature \_\_\_\_\_

Date signed \_\_\_\_\_