

CDA Preschool

PRE-SCHOOL / JK REGISTRATION FORM

Name of child: _____

Pre-school or JK:

(Please check appropriate box)

Tuesdays, Thursdays

9:30-11:30am

Pre-school program

For children ages 2.5 – 3.5 years old

\$147.00/month

Monday, Wednesday, Friday

9:30-11:30am

JK program

For children ages 3.5 – 5 years old (Must be 4 by December 31st)

\$210.00/month

****All prices do not include HST****

Has your child attended any previous organized classes? Yes No

Please specify:

Name and ages of siblings or other children living in same household:

Signature of parent/guardian

Date

Office Use Only.

Date Admitted to program: _____

Deposit Paid: Yes No

Date left program: _____

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Student Information		Male <input type="checkbox"/> Female <input type="checkbox"/>
Name of Child:	Birth Date:	
Full Mailing Address:	Home Phone Number:	
Parent Information		
Mother/Guardian Name:	Home Phone Number:	
Home Address (if different then above):	Cell Phone Number:	
Place of Employment:	Business Phone Number:	
Email address:		
Business Address:		
Father/Guardian Name:	Home Phone Number:	
Home Address (if different then above):	Cell Phone Number:	
Place of Employment:	Business Phone Number:	
Email address:		
Business Address:		

Does your child live with (please circle one): Both Parents Mother Father Other

Are there any special custody/living arrangements for your child?

Signature of parent/guardian

Date

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PRE-SCHOOL / JK HEALTH INFORMATION FORM

Student Information

Male Female

Name of Child: _____ Birth Date: _____

Health Card Number: _____

****Allergies (please specify):**

Foods your child cannot eat:

Special attention required regarding development, behaviour, diet etc:

Hearing conditions: _____ Sight issues: _____

Is your child under any form of treatment for illness or injury, if so please specify:

Does your child have health concerns that will interfere with her/his participation in activities at pre-school or JK program:

Other comments or information you would like to provide CDA regarding your child (ren):

Doctor Information

Doctor's Name: _____ Telephone number: _____

Address: _____

 Signature of parent/guardian

 Date

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PRE-SCHOOL / JK EMERGENCY INFORMATION FORM

Name of child: _____

In case of an emergency, parents/guardians will be contacted. If the parents or guardians cannot be reached, please contact:

Contact Name #1:	Relationship to student:
Home Phone number:	Cell Phone number:
Home Address:	Business Phone Number:

Contact Name #2:	Relationship to student:
Home Phone number:	Cell Phone number:
Home Address:	Business Phone Number:

Contact Name #3:	Relationship to student:
Home Phone number:	Cell Phone number:
Home Address:	Business Phone Number:

Please provide a before school contact if your child will be in alternate care before 9:30am in case of school cancellations:

Name:	Home Phone number:
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Signature of parent/guardian

Date