

GENERAL INFORMATION

CHILD

Name _____

Birthday Month _____ Day _____ Year _____

Address _____

Home Phone Number _____

List Siblings and birthdays

MOTHER

Name _____

Address (if different from above)

Work Phone Number _____

Cell Phone Number _____

E-mail address _____

Occupation _____

Place of Employment _____

FATHER

Name _____

Address (if different from above)

Work Phone Number _____

Cell Phone Number _____

E-mail address _____

Occupation _____

Place of Employment _____

EMERGENCY CONTACT PERSON

Phone Number _____

Who will be picking up your child? _____

*Please inform me if someone other than the above will be picking up your child.

Is your child toilet trained? Yes/No

(BEING TOILET TRAINED IS STRONGLY RECOMMENDED)

Has your child ever been enrolled in a day care, nursery school or public school program before? Yes/No

If yes, briefly explain this experience:

Why do you wish to enrol your child in this program?

Rate on a scale of 1-10 (1-low priority, 10-high priority)

1 2 3 4 5 6 7 8 9 10 -To have some time to yourself

1 2 3 4 5 6 7 8 9 10 - Social Development

1 2 3 4 5 6 7 8 9 10 - Academic Development

1 2 3 4 5 6 7 8 9 10 - Physical Development

1 2 3 4 5 6 7 8 9 10 - Emotional Development

1 2 3 4 5 6 7 8 9 10 - Spiritual Development (learning about the love of God, Bible stories and verses, talking to God through prayer)

State any other reason you wish to enrol your child in this program.

GETTING TO KNOW YOUR CHILD

1. What are your child's favourite toys?
2. What are your child's favourite TV shows?
3. What are your child's favourite times during the day?
4. Where does your child choose to play most often?
5. Has your child had any experience with animals?
6. What opportunities has your child had to play with others?
7. What are your child's special interests and activities?
8. Where does your child enjoy going with you?
9. What books does your child like to read?
10. What do you enjoy most about your child (imagination, sense of humour, language)?
11. Is there anything else you would like to tell me about your child?

MEDICAL FORM

Name of Child _____

Health Card Number _____

Family Doctor _____

Phone Number _____

Are all immunizations up to date? Yes/No

Does your child have any allergies that you are aware of? Yes/No

Is so, what are they? _____

What are the symptoms? _____

What is the treatment? _____

Is your child on any medications at present? Yes/No

If so, what? _____

What is it for? _____

Does your child have FREQUENT colds _____ stomach aches _____ headaches _____
high fever _____ ear infections _____?

Has your child had any of the following assessments?

Speech? _____ Hearing? _____ Vision? _____

If so, when? Briefly explain the outcome. _____

Are there any other medical conditions or limitations, which I should be aware of?

FIELD TRIP PERMISSION FORM

I consent to the participation of my child, _____, in activities related to the school program and field trips with “Treasured Kids School” throughout the year. (This may include an occasional hike to the neighbourhood park or short walks in the neighbourhood.)

Signature of Parent _____

Date _____

PHOTOGRAPHS

I give permission for occasional photos and/or videos to be taken of my child while at “Treasured Kids School”. This could be while the children are on a field trip as well. These are often a good way for parents to see what their child does while at school.

Signature of Parent _____

Date _____

In case the opportunity arises, I give permission for my child to have his/her photo taken for media coverage in local newspapers and have his/her name published.

Signature of Parent _____

Date _____

I give permission for photos of my child to be posted on the Treasured Kids Website Photo Gallery.

Signature of Parent _____

Date _____

EMERGENCY MEDICAL CARE

I grant permission for Sharon Kelsall to take whatever steps may be necessary to obtain emergency medical care.

Signature of Parent _____

Date _____

CONTRACT

I, _____, have read and understand the policies stated in the enrolment package. I have completed and signed ALL forms included in the package.

I agree to pay the monthly sum of _____ which is due on the first of each month (September-June) in the form of post-dated cheques made payable to Sharon Kelsall. I understand that this amount is averaged out over the year, so that the same amount is paid each month, even though the number of days per month will vary. I am including a non-refundable registration fee of \$75.00 in order to secure my spot in the program beginning in the fall.

Withdrawal/Termination of Enrolment

If for any reason you wish to withdraw your child from this program, a refund for the remaining amount of time will be issued, minus a two-week grace period.

If for any reason it is not in the best interest of the school or other children enrolled in the program to have your child in attendance, it may be necessary to withdraw your child from the program. A refund for the remaining amount of time will be issued.

Signature of Parent

Date