



# Taylor Tots Preschool Registration Form



Please complete and sign all forms attached. All information is required in order to complete the registration process.

### Office Use Only

New or Returning Child: \_\_\_\_\_ Deposit Paid: \_\_\_\_\_ (Date)

Class enrolled in: \_\_\_\_\_ Parent listed on invoice: \_\_\_\_\_

Starting Date: \_\_\_\_\_

Ending Date: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

### CHILD'S INFORMATION

Child's Full Name		
Date of Birth	Age (at start of preschool)	Gender
Home Address		
Mailing Address		
BC Care Card #	Family Doctor	Doctor's Phone Number

### PARENT/GUARDIAN INFORMATION

Name	Relationship to Child
E-mail	Phone (Home)
Place of Work	Phone (Cell)
	Phone (Work)

Name	Relationship to Child
E-mail	Phone (Home)
Place of Work	Phone (Cell)
	Phone (Work)

<b>WHO SHOULD BE LISTED ON THE MONTHLY INVOICE</b>
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## EMERGENCY CONTACT INFORMATION

Name	Relationship to Child
Phone Numbers (Please add any Numbers we may need to get a hold of them)	

Name	Relationship to Child
Phone Numbers (Please add any Numbers we may need to get a hold of them)	

## HEALTH INFORMATION

<b>Does your child:</b>					
Have Vision Problems?	Y	N	Take Medication?	Y	N
Have Speech Problems?	Y	N	Have Allergies?	Y	N
Have Hearing Problems?	Y	N	Have Any Physical Challenges?	Y	N
			Have Any Emotional Challenges?	Y	N
			Have Any Other Health Concerns?	Y	N
Please Comment on All Items Marked "Yes"					

**\*\*\*Please attach a copy of the child's immunization records\*\*\***

## GETTING TO KNOW YOUR CHILD

Has your child previously attended daycare and/or preschool? Yes No
If yes, which one(s)?
Does your child form friendships easily? Yes No
Children must be completely toilet trained at the time of program entry. The child must be free of diapers and pull-ups during program times.
Is your child toilet trained? Yes No
Are there specific likes/dislikes you would like us to be aware of?
Additional comments to help us make preschool a positive experience for your child.



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### PICK-UP AUTHORIZATION FORM

Parents/Guardians and Emergency Contacts are already authorized to pick the child up from the program. Please list any other person(s) who may be picking up your child.

Name	
Relationship to Child	Phone Number

Name	
Relationship to Child	Phone Number

Name	
Relationship to Child	Phone Number

Name	
Relationship to Child	Phone Number

Name	
Relationship to Child	Phone Number

Anyone other than those listed above is not permitted to pick up my child without my confirmed consent.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature



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## PARENT/GUARDIAN CONSENT FORM

### Emergency Medical Consent:

I, \_\_\_\_\_, as the parent/guardian of \_\_\_\_\_ hereby authorize in the event of an emergency situation, the above mentioned child to be transported by the Preschool Teacher, or arrange for transportation to the NEAREST SUITABLE MEDICAL OR HOSPITAL FACILITY when injury is not treatable at the scene. I also authorize the child to be medically treated as determined appropriate by the Preschool Teacher and the attending physician. I agree that any cost incurred for such services shall be my responsibility.

\_\_\_\_\_ Date

\_\_\_\_\_ Parent/Guardian Signature

### Photo/Media Consent:

I, \_\_\_\_\_, as the parent/guardian of \_\_\_\_\_ hereby authorize my permission for the use of **photographs, film, slides and video** that may be taken during the preschool program for in-house purposes within the District of Taylor. I understand that my child's name will not be published without my permission.

\_\_\_\_\_ Date

\_\_\_\_\_ Parent/Guardian Signature

I, \_\_\_\_\_, as the parent/guardian of \_\_\_\_\_ hereby authorize my permission for the use of **photographs** that may be taken during the preschool program for the local newspaper(s) in Taylor and/or Fort St. John. I understand that my child's name will not be published without my permission.

\_\_\_\_\_ Date

\_\_\_\_\_ Parent/Guardian Signature

### Field Trip/Class Outings Consent:

I, \_\_\_\_\_, as the parent/guardian of \_\_\_\_\_ hereby give permission for my child to participate in field trips both spontaneous and planned, (park, library, etc.) under the supervision of the Preschool Teacher. Any outings requiring transportation other than walking will be outlined in a separate permission form, specific to the field trip. I understand that notices (when, where, time of return, contact phone #) will be posted on the classroom door anytime the Preschool initiates a spontaneous and planned field trip.

\_\_\_\_\_ Date

\_\_\_\_\_ Parent/Guardian Signature

### Weekly Text Reminders:

Yes I would like to receive weekly reminders about the week's happenings via class text message. Please send the text to this number: \_\_\_\_\_

\_\_\_\_\_ Date

\_\_\_\_\_ Parent/Guardian Signature



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### STATEMENT OF ACKNOWLEDGEMENT

I, \_\_\_\_\_, have read and completed in full the District of Taylor, Taylor Tots Preschool Registration form. I have read the Taylor Tots Preschool Handbook in its entirety and have asked for clarification where needed. Therefore I acknowledge that I understand and agree to abide by the outlined policies and procedures while my child is in attendance. Failure to do so may jeopardize my child continuing in the Taylor Tots Preschool Program.

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Parent/Guardian Signature**

