

**PRESCHOOL OF THE ARTS
REGISTRATION FORM**



CHILD

Surname: _____
First Name: _____
Home Address: _____
Postal Code: _____ Telephone: _____ Birth date: _____

PARENTS

Email Address(es): _____
Names: _____
Home Address: _____
Occupations: _____
Work Phone: _____

OTHER CHILDREN IN HOME

Names & Ages: _____

EMERGENCY CONTACT

Name: _____ Relationship: _____
Address: _____ Telephone: _____

PERSONS TO WHOM CHILD MAY BE RELEASED

1. _____ 2. _____ 3. _____

SCHEDULE *(Please checkmark the classes you are signing up for)*

	9:00 am – 11:30 am	9:00 am – 3:00 pm	Lunch	1:00 pm – 3:30 pm
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Music Together@ Day				

_____ *(please indicate the day)*

Surname: _____ First Name: _____

Date of Admission: _____ **Date of Withdrawal:** _____

My child also attends: _____

Additional information (eg.separation, divorce, adoption):

MEDICAL INFORMATION

Health Card Number: _____

Doctor's Name: _____ Telephone#: _____

Address: _____

Allergies: _____

If Life Threatening Please Check Doctor's note: _____

Special Medical Conditions:

Communicable diseases my child has had:

I hereby grant permission for photographs of my child to be taken during class and to be used for the preschool album. Yes No

Parent/Guardian Signature: _____

I give my permission for my child to receive treatment for a medical emergency.

Parent/Guardian Signature: _____

I give my permission for my child to go for a walk with Preschool of the Arts' staff for programming. I understand that he/she might leave the school property.

I agree to give one month's notice in writing for any withdrawal.

Parent/Guardian Signature: _____

Date: _____
