

Preschool Registration 2019-2020

Little Sprouts Christian Preschool

To register your child for preschool, please complete and return this registration form to the school office with your \$35 registration payment.

Child Information

Child's Legal Name *

First Name Last Name

Name Child responds to *

Child's Birth Date *

Child's Gender *

Female

Male

Parent/Guardian Information

Father/Guardian Name *

First Name Last Name

Father/Guardian Phone Number *

Area Code Phone Number

Father/Guardian Email *

example@example.com

Mother/Guardian Name *

First Name Last Name

Mother/Guardian Phone Number *

Area Code Phone Number

Mother/Guardian Email *

example@example.com

Household Address *

Street Address

City Province

Postal Code

Medical Information

Family Doctor *

First Name Last Name

Family Doctor's Phone Number *

Area Code Phone Number

Child's BC Care Card Number *

Does your child have allergies? *

Yes

No

If yes, please list allergies below.

Are your child's immunization shots up to date? *

Yes

No

If no, please explain.

List any immunizations shots your child has had, if any. A record of immunizations will be necessary to complete registration.

Does your child have any known health problems/medical disabilities? *

Yes

No

If yes, please explain.

List any communicable diseases your child has had *

Has your child had any recent illness? *

Yes

No

If yes, please explain.

I hereby give my consent for a staff member to call a medical practitioner or ambulance for my child in the case of accident or illness if I cannot immediately be reached. (This is a condition of registration). *

I Agree

Child Pick-up

In the event that parents/guardians are unable to pick-up their child, alternate contacts must be given. Please provide their names and cell numbers.

Emergency Contact 1 *

First Name

Last Name

Emergency Contact 1: Phone Number *

Area Code

Phone Number

Emergency Contact 1: Relationship to Child *

Emergency Contact 2 *

First Name Last Name

Emergency Contact 2: Phone Number *

Area Code Phone Number

Emergency Contact 2: Relationship to Child *

Other than parents/guardians and emergency contacts, is there anyone else who will be picking your child from preschool? *

Yes

No

Please list their names, telephone numbers and relationship to child.

Are there any people who are NOT PERMITTED to access your child? *

Yes

No

If yes, please list their names and relationship to child.

Other Important Information

Do you have other children living at home? *

Yes

No

If yes, please list their names and birth dates.

Has your child had previous experience away from home? *

Yes

No

If yes, please list where and dates of attendance.

Do you think this child feels comfortable leaving parents/guardians? *

Yes

No

If no, please explain.

Do you currently have children enrolled at Phil & Jennie Gaglardi Academy in Comox? *

Yes

No

Does your family regularly attend church? *

Yes

No

Policy Agreement and Registration Payment

I have read and agree to the policies outlined in the Parent Handbook of Little Sprouts Christian Preschool. (A copy of the handbook is available to view at www.pjgaglardiacademy.ca/preschool.) *

I Agree

I understand and agree that in order to hold my child's spot in Little Sprouts Christian Preschool and to complete the registration process, a \$35 registration is required with this completed form.

I Agree

Are you applying for child care funding through the BC government's Affordable Child Care Benefit? *

Yes

No

Signature

How did you hear about us? *

Family

Friends

Pastor

Church

Facebook

Instagram

Phil & Jennie Gaglardi Academy's website

Other