Westview Education Society



RISE and SHINE PRESCHOOL

1313 Ranchlands Way NW, Calgary, AB T3G 2A1

Email: wespreschool@gmail.com Phone: (403) 239-1114

Website: riseandshinepreschool.ca

Registration Form for 2023/2024

Full Name: Birthdate (imm/dd/yyyy) Male or Fem			Child's Information		
Name Child Called:	Full Name:			Rirthdate (mm/dd/www)	Male or Female
Address: Street Address	Name Child Called:		Home P	Phono:	
Street Address City Province Postal Code Parent/Guardian Information Mother's Name: Father's Name: Email: Home Address: (if different from above) Home Address: (if different from above) Home Phone: Cell Phone: Work Phone: "Please note: By providing your email address you agree to receive email correspondence. You may unsubscribe at any time. Emergency Contact Information Different from parent, as we will always contact you first Contact #1 Name: Name: Address: Address: Home Phone: Cell Phone: Cell Phone: Cell Phone:	۸ ما ما برور م				
Parent/Guardian Information Mother's Name: Father's Name: Email: Email: Home Address: (if different from above) Home Address: Home Address: (if different from above) Home Phone: Cell Phone: Work Phone: "Please note: By providing your email address you agree to receive email correspondence. You may unsubscribe at any time. Emergency Contact Information Different from parent, as we will always contact you first Contact #1 Contact #2 Name: Name: Address: Address: Home Phone: Cell Phone: Cell Phone:	Address:	Street Address			
Mother's Name: Email: Home Address: (if different from above) Home Phone: Cell Phone: Work Phone: **Please note: By providing your email address you agree to receive email correspondence. You may unsubscribe at any time. **Emergency Contact Information** Different from parent, as we will always contact you first Contact #1 Name: Address: Address: Home Phone: Cell Phone:		City		Province	Postal Code
Email: Home Address: (if different from above) Home Phone: Cell Phone: Work Phone: Work Phone: **Please note: By providing your email address you agree to receive email correspondence. You may unsubscribe at any time. **Emergency Contact Information** Different from parent, as we will always contact you first Contact #1 Name: Address: Address: Home Phone: Cell Phone:			Parent/Guardian Information		
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Home Phone:	Email:		Email:		
Cell Phone: Work Phone: Work Phone: *Please note: By providing your email address you agree to receive email correspondence. You may unsubscribe at any time. Emergency Contact Information Different from parent, as we will always contact you first Contact #1 Name: Name: Address: Address: Home Phone: Cell Phone: Cell Phone:					
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Name: Name: Address: Address: Home Phone: Home Phone: Cell Phone: Cell Phone:				n	
Address: Home Phone: Cell Phone: Cell Phone:	Contact #1		Contact #2		
Home Phone: Cell Phone: Cell Phone:	Name:		Name:		
Cell Phone: Cell Phone:	Address: _		Address:		
	Home Phone:		Home Phone:		
Work Phone: Work Phone:	Cell Phone:		Cell Phone:		
	Work Phone:		Work Phone:		

Allergies:
Dietary Restrictions:
Are Vaccinations up to date?
Health Concerns:
How does your child handle stress?
Does your child have any fears?
Is your child receiving services from an outside agency?
Do you feel your child needs access to services for speech, OT, etc? YES / NO If yes, please contact the office prior to registration *We limit the number of children being serviced in each classroom.
Medications: Daily or Emergency Medications (ie. Epipen, asthma) Please give details.
*Healthcare/Medication form must be signed in-order for any administration other than basic first aid.
What assistance does your child require in toileting?
What other programs has your child attended?
Where:When:
Name & Age of Siblings:
Family Church Affiliation:
Languages spoken at home:
What are some of your child's favorite activities?
What else would you like to tell us about your child?
How did you hear about us? Website □ Online Search □ Church □ Alumni □ Referral □
If referred please let us know who so we may thank them:
For office use only:
Age verification photocopied (Birth Certificate or AHC card):
Non-refundable \$80/\$70 registration fee and June 2024 tuition fee received: