



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

Child's Information

Full Name: _____ Birthdate (mm/dd/yyyy) _____ Male or Female _____

Name Child Called: _____ Home Phone: _____

Address: _____
Street Address

City _____ Province _____ Postal Code _____

Parent/Guardian Information

Mother's Name: _____ Father's Name: _____

Email: _____ Email: _____

Home Address: _____ Home Address: _____
(if different from above) (if different from above)

Home Phone: _____ Home Phone: _____

Cell 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: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Contact #2

Name: _____

Address: _____

Home Phone: _____

Cell 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: