



Trinity Preschool, Inc. Registration Form

25 LAKEVIEW ST., ST. BRUNO, QUEBEC, J3V 2L4, 514-796-2213

Child's family name: _____ Given name: _____

Date of birth: ____ / ____ / ____ Address: _____

City: _____ Postal code: _____

Telephone number: _____ E-Mail: _____

Mother's name: _____ Tel. Office: _____

Father's name: _____ Tel. Office: _____

Mother's occupation: _____ Father's occupation: _____

Language (s) spoken at home: _____

Income tax receipt in the name of: _____

Social Insurance Number: _____

Program: _____ 3 days, _____ 4 days, or _____ 5 days @ \$30 per day

Days: _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

_____ Please send your monthly payments by e-transfer to Kathleen.Henry@videotron.ca

Please note there will be no reimbursement for personal holidays, sickness or doctor appointments.

Does your child have brothers or sisters? _____

Name: _____ Birth Date: _____

Name: _____ Birth Date: _____

Has your child attended another preschool, daycare, or playgroup? _____

Has your child been subjected to any stress recently? _____

Is your child characteristically calm, shy, friendly, fearful, aggressive, independent, nervous?

Please underline which best describes your child. Please indicate any other information which you feel would be useful for the teacher to best understand your child.

All the information provided will be kept confidential and for the use of Trinity Preschool Inc. only.

EMERGENCY MEDICAL INFORMATION

Child's family name: _____ Given name: _____

Medicare card number: _____ Expiration date: _____

EMERGENCY CONTACTS

Mother's name: _____

Telephone: Residence: _____ Business: _____

Cellular: _____

Father's name: _____

Telephone: Residence: _____ Business: _____

Cellular: _____

Other contact (specify relationship): _____

Telephone: Residence: _____ Business: _____

Cellular: _____

PLEASE LIST ALL KNOWN ALLERGIES:

Emergency treatment to be given in case of severe allergic reaction:

Any daily medication? _____

Any recommended limitation on ordinary preschool activities? _____

Physician's name: _____ Telephone: _____

Does your child have any particular fear, e.g.: dogs, storms, the dark, etc.?

Has your child ever had a surgical operation or serious illness? If yes, give details:

WAIVER FOR EMERGENCY MEDICAL TREATMENT

I, _____, give permission for my child, _____ to receive appropriate medical treatment in case of injury or illness while attending Trinity Preschool, Inc., or during the travelling to and from school. In case of injury to my child while in control of Trinity Preschool, Inc., I hereby waive all claims against Trinity Preschool, Inc. in excess of public liability insurance carried by the preschool.

Special instructions: _____

Initials: _____

WAIVER FOR FIELD TRIPS

I, _____, give permission for my child, _____ to participate in any excursion organized by Trinity Preschool, Inc. during the school year. I expect to be notified in advance of any excursions and that my child be supervised by responsible parents.

Initials: _____

CONSENT FORM FOR THE PUBLICATION OF CHILD PHOTOGRAPHS

I hereby authorize Trinity Preschool, Inc. to use the portrait or photographed image of my child for specific purposes of use and publication in electronic or printed materials, promotional materials, website, newspapers or magazines, from year to year in a context related to the promotion of the Trinity Preschool, Inc.

Initials: _____

Signatory's name: _____

Signature: _____ Date: _____