



Sicamous Preschool Registration

Child's Name: _____ Birthdate: _____

Nickname: _____ Age: _____ Yrs: _____ Mths: _____ Sex: _____

Enrollment Date: _____ Withdrawal Date: _____

Mailing Address: _____ Street Address _____

E-mail Address: _____

Mother's Name: _____ Home#: _____ Cell#: _____ Work# _____

Father's Name: _____ Home#: _____ Cell#: _____ Work#: _____

Parent's Occupation: _____

Languages spoken at home: _____

Person to call in case of accident (other than parents listed above)

_____ Phone# _____

Persons authorized to pick up child from facility (other than parent/guardian)

Name: _____ Relationship to child _____ Phone # _____

Name: _____ Relationship to child _____ Phone # _____

Name: _____ Relationship to child _____ Phone # _____

Family Physician: _____ Phone# _____

Care Card Personal Health Number: _____

Child Immunization: Yes _____ No _____ Rubella: Yes _____ No _____

Health: (General) _____ Allergies _____

- Any Allergy/Reactions/Treatments: _____

Illness or Medical Treatments: _____

Is there anyone not permitted to pick up your child? _____

Family: Adults at home: _____

Siblings: _____ Names & Ages: _____

Pets: 1. _____ 2. _____

Child's previous experience in a playgroup: _____

Child's special likes: _____

What do you hope your child will gain from Preschool? _____

If there is a custody agreement, please give details. A copy of the custody order must be left with the preschool staff.

Signature: _____ Date: _____

Would you like some information about Preschool Subsidy for Fees? Yes ___ No ___