

# Tyndall Park Playschool Co-Op Inc.

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(204)633-9027

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Website: <https://tyndallparkplayschool.com>

## **Child Registration Form** (Please check the circle for your choice of care)

### **Morning Sessions** 3- 4-year-old mix 8:45 to 11:15am

- ☐ 2 classes per week, (Tuesday/Thursday AM)
- ☐ 3 classes per week, (Monday/Wednesday/Friday AM)
- ☐ 5 classes per week, (Monday to Friday AM)

### **Afternoon Sessions** 3-4-year-old mix 12:45 to 3:15pm

- ☐ 2 classes per week PM (Monday/Wednesday PM)
- ☐ 2 classes per week PM (Tuesday/Thursday PM)
- ☐ 4 class per week PM (Monday to Thursday PM)

Child's Full Name: \_\_\_\_\_ Gender:    M    F

Home Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone (H): (    ) \_\_\_\_\_ Date of birth: \_\_\_\_\_  
(Month/Date/Year)

Mother's Name: \_\_\_\_\_ Phone (C): (    ) \_\_\_\_\_

Home Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Occupations: \_\_\_\_\_ Phone (W): (    ) \_\_\_\_\_

Work/school name: \_\_\_\_\_

Work/school address: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone (C): (    ) \_\_\_\_\_

Home Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Occupations: \_\_\_\_\_ Phone (W): (    ) \_\_\_\_\_

Work/school name: \_\_\_\_\_

Work/school address: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Emergency & Authorized Contacts & Pick-up List:

**\*\*\*There needs to be at least one person other than parents listed as an emergency contact\*\*\***

(Please list all people, other than the parents, authorized by you to pick up your child in case of emergency or otherwise.) \*\*\*If someone other the usual person is picking up the child, the staff must be notified. \*\*\*

| Name | Address | Phone (H) | (C or W) | Relationship to child |
|------|---------|-----------|----------|-----------------------|
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**Medical Information**

Doctor's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Medical Number: \_\_\_\_\_ Child's Individual Number: \_\_\_\_\_

Any known Allergies: Please be specific (Reaction, physical signs, treatment (i.e. Epi Pen, inhaler, any medication):

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Foods to avoid:

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\*Please note: Nuts and/or foods containing nuts are not permitted at the Playschool\*

Please describe or list any physical, developmental, emotional or medical conditions relevant to the care of your child. Please be specific and give suggestions about how we can best accommodate these needs. Please list if your child has a diagnosis or developmental delay, and please list any supports in place.

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I, \_\_\_\_\_, hereby give permission to the Children's Hospital to attend to my child, \_\_\_\_\_, in case of emergency or illness, while in the care of the Playschool, if unable to contact the parents.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Is there any other information that may help us facilitate your child's transition into the child care facility? (Special interests, specific likes/dislikes, major changes with in family, etc.)

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### **General information:**

Brothers/sisters names (if any)

Date of birth

school

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Is your child toilet trained? \_\_\_ Yes \_\_\_ No \_\_\_ Needs reminders

What is the name your child uses to say they have to go to the bathroom? \_\_\_\_\_

Does your child have any particular fears? \_\_\_\_\_

What do you hope your child gains from their Playschool experience?

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How did you hear about Playschool? \_\_\_\_\_

### **Authorizations for Outing**

I, \_\_\_\_\_, hereby give permission to the Tyndall Park Playschool Co-op Inc. to allow my child, \_\_\_\_\_ to participate in activities outside of the Playschool, (i.e. school playground) under the supervision of the Playschool staff. Parents will be notified of trips outside of the school property and authorization forms will be sent home.

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(Parent Signature)

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(Date)

### **Cultural/Religious Information (Optional)**

This information is meant to give families the opportunity to inform our staff of any family practices, holidays, or beliefs that the parent(s) would like the staff to be aware of. The purpose is to create an environment of inclusion and respect.

Language spoken at home: \_\_\_\_\_

Special days observed, please list name and date of days/holidays (Religious or cultural):

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## Volunteering

Volunteers are a very important asset to our program. Playschool is enriched by the participation of enthusiastic volunteers. Several parents become directly involved in the classroom, while others help in areas of particular interest to them.

Please check below areas that you would be willing to volunteer time to:

- |                         |                                                                                                                                                 |
|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| ____ Board of Directors | -Meet once a month to help ensure smoothing running of our Playschool.<br>If you are interested, please ask for a list of positions and duties. |
| ____ Fundraising        | -You will be asked to work with fundraising committee and board members with any fundraising during the year.                                   |
| ____ Evening Volunteer  | -there will be times in which we will look for volunteers to come in during the evening and help us clean toys, and prep for activities.        |
| ____ Laundry            | - Wash laundry if/when needed                                                                                                                   |
| ____ Crafts             | - Cutting and helping in preparing craft as needed by staff                                                                                     |

Please list any other areas that may not be listed above that you would be willing to help out with:

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\_\_\_\_ I would be willing to volunteer on short notice to help on a \_\_\_\_ morning or \_\_\_\_ afternoon.

**THANK YOU** for all the extra support, commitment and volunteering we get throughout the year, every bit helps and we truly appreciate it.

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**NAME**

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**PHONE**