

Enrolment Date: _____



Bright Futures Preschool



Registration Form

East 3125 Woodhams dr or North 6515 Rochdale Location (Please circle location registering for)

Please Select Which Class your child will be enrolled in.

5 Day Morning Class Monday to Friday 9:00 - 11:30. \$425/mth _____

3 Day Morning Class Monday, Wednesday, Friday 9:00 - 11:30 \$265/mth _____

2 Day Morning Class Tuesday and Thursday 9:00 - 11:30 \$210/mth _____

Afternoon Class

Monday, Tuesday, Wednesday, Thursday Class	12:45 - 3:15 (4 days)	\$325/mth _____
(circle which days if not all 4)	3 days	\$265/mth _____
	2 days	\$210/mth _____

A \$50 NON-REFUNDABLE enrolment fee is due when registering. Once this is paid your spot will be guaranteed.

\$50 enrolment fee Paid. Cash or E-Transfer(please circle one) _____

Please E-Transfer all monthly payments on the first of every month starting **August 1st to May 1st**. Send etransfer to tlsentes@hotmail.com

A one month's notice and pay is due if your child will be leaving our preschool for any reason. The preschool reserves the right to remove a child at anytime with or without notice if we feel it is not a good fit for your child. There are NO REFUNDS. Our school year run's September to June.

Child's Information

Child: _____ Birthdate: ____/____/____ Sex: M__ F__
day/mth/yr

Child's Address: _____

Parents/Guardian Information

Full name of Parent/Guardian: _____ Email _____

Address: _____

Home Phone: _____ Work Phone: _____ ext. ____ Cell Phone: _____

Full name of Parent/Guardian: _____ Email _____

Address: _____

Home Phone: _____ Work Phone: _____ ext. _____ Cell Phone: _____

Emergency Contacts

Minimum 2 contacts, other than parents, to contact in case of emergency/authorized to pick up child:

1. Name: _____ 2. Name: _____

Relationship to child: _____ Relationship to child: _____

Home Phone: _____ Home Phone: _____

Cell or Work Phone: _____ Cell or Work Phone: _____

Other Person(s) Authorized to pick up child:

Name: _____ Relationship _____ Phone: _____

Name: _____ Relationship _____ Phone: _____

Name: _____ Relationship _____ Phone: _____

Child's Health Information and History

Are your Child's immunizations up to date? Yes () No ()

If not up to date, please explain: _____

Does child have any known health problems? Yes () No () If yes please explain _____

Does your child have any special needs? _____

Does your child have any know allergies? Yes () No () If yes, what are they and what are your child's reactions:

Does your child take any medication on a regular basis? Yes () No () If yes please list the name of the medication(s) and the medical condition for which it is taken:

Does your child have any speech, hearing or visual problems? Yes () No ()

Has your child ever been tested for the above? Yes () No ()

Please comment on any other medical information/or special need the preschool should be aware of:

Medication and Emergency Care Authorization

I authorize Bright Futures Preschool Staff to administer the medications authorized below as deemed necessary by staff for the comfort and well-being of my child. This authorization is in effect my child is enrolled, unless revoked by me and I understand that I will be notified when I pick up my child if any medications were given.

(Please cross of any item you would prefer not to be used)

Yes No I authorize use of typical first aid supplies including but not limited to, anti-bacterial creams, band-aids.

Yes No I authorize use of preventative supplies, such as sun block, bug repellent, hand lotion, hand sanitizer.

NOTE: Medications will be labeled with your child's name and kept locked. Prescription medications will require separate authorizations for each occurrence and must be sent to school in original prescription bottle.

I authorize Bright Futures Preschool Staff to obtain the following services for this child if necessary: Public Health Nurse, Physician, Emergency Room, EMS and/or Ambulance transport in the event of an emergency. (Ambulance fees and/or health care costs are the responsibility of the parent/guardian).

Comments/Exceptions: _____

Photo Authorization

Photographs and videos are taken during or on separate occasions such as birthdays, holidays, outings, special occasions as well as in the normal course of our day. We use these pictures/videos for teaching, sharing information about their day, arts & crafts, albums, class books, Bloomz app(parents only), Bright Futures Preschool Facebook page, Instagram and our website.

Please mark the appropriate box(s):

_____ I give permission to Bright Futures Preschool to take photographs/videos of the above named child(ren).

_____ I do NOT want any photos/videos taken of my child.

Additional information, notes or agreements made between this program and parents or guardians:

(Date)

(Signature of parent/guardian)

(Date)

(Signature of parent/guardian)

