

Registration Form - FGCC Preschool - 2010/2011

PLEASE NOTE: Registrations will not be considered complete unless accompanied by a cheque dated with today's date for the \$40.00 registration fee and separate post-dated tuition fee cheques for the entire school year.

Personal Information

Child's Name _____ BOY or GIRL

Name child usually goes by (if different from above) _____

Birth Date Month _____ Day _____ Year _____

Parent/Guardian Names _____

Home Address _____

Postal Code _____ Home Telephone Number _____

Email Address _____

Mother's Cell Phone Number _____ Father's Cell Phone Number _____

Father's Place of Work _____

Work Phone Number _____

Mother's Place of Work _____

Work Phone Number _____

Authorization Information

Please provide the names of any persons who have the parents' authorization to remove the child from preschool (ie. child care, car pool, grand parent etc.).

1. Name _____

Address _____ Phone Number _____

2. Name _____

Address _____ Phone Number _____

Class Preference

3 Year Olds Children must be 3 years old by October 15th, 2010

_____ Tuesday & Thursday - AM

4 Year Olds Children must be 4 years old by January 31st, 2011

_____ Monday, Wednesday & Friday - AM

_____ Monday, Wednesday & Friday - PM (

_____ Tuesday & Thursday - AM

3 & 4 Year Olds Please note, 3 year old children registered in this class are encouraged to be mature students

_____ Monday, Wednesday & Friday - AM

Medical Conditions

Are your child's immunizations up to date? Yes _____ No _____

Does your child have any known food allergies? Yes _____ No _____

If yes, what are they?

Please list any conditions (medical or other) that the Preschool should be aware of:

Social Information

Religious Affiliation _____

Names and ages of brothers and sisters:

_____	Age _____
_____	Age _____
_____	Age _____

Do both parents live with the child? Yes _____ No _____

To the best of my knowledge, all of the above information is correct. I will also inform my child's Preschool Teacher of any changes in the above, such as telephone number, address, emergency number, etc.

Signature of Parent or Guardian

Date

Completed registration form, along with the \$40.00 non-refundable registration fee cheque dated with today's date and separate post-dated tuition fee cheques for the entire school year, should be dropped off at the Church office Monday-Friday 8:30 a.m.-4:30 p.m. (Closed 12:00-1:00 p.m. for lunch) or mailed to Forest Grove Community Church, 502 Webster Street, Saskatoon, SK, S7N 3P9. **Cheques should be made payable to Forest Grove Community Church or FGCC.**

Registration & Open House Evening

Wednesday, March 3, 2010, 7:00 p.m., Church Lounge

Dropped off and mailed in registrations will be considered after March 3, 2010.

Permission for Medical Care

Our procedure in cases of emergency, such as sudden illness or serious accident is: 1) to render First Aid, 2) to contact the parent/guardian or, being unable to reach them, we will contact the other Emergency Contact indicated below. In some cases, failure to establish contact could delay treatment. Only after all reasonable efforts have been made to contact you, will we call your doctor, and only in the most extreme cases will your child be taken to the hospital.

Please list any drug allergies _____

Other Emergency Contact _____

Phone Number _____ Relationship to Child _____

Doctor's Name _____ Phone Number _____

Saskatchewan Personal Health Number _____

YOU HAVE MY PERMISSION TO ACT ACCORDINGLY.

Signature of Parent or Guardian

Field Trip Consent

My child has my permission to attend any field trip that has been scheduled by the Forest Grove Community Church Preschool. I understand that I will be notified in advance of any trips and that insurance has been taken out by Forest Grove Community Church to cover such excursions. I understand that buses will be used for all long distance excursions and that personal vehicles will not be used. If my child is unable to attend the field trip, I understand that there will not be a class that day.

Signature of Parent or Guardian

Permission to Release Contact Information

From time to time, preschool parents would like to contact one another to arrange play dates, send invitations to parties, etc. We require your permission to release your child's contact information, including the following:

- Child first and last name
- Parent name(s)
- Address
- Home telephone number

If you consent to the release of the above contact information to the other parents in your child's preschool class, please sign below. At the beginning of the school year a class contact list will be created and distributed by your child's teacher.

Signature of Parent or Guardian