

| PRESCHOOL REGISTRATION (PLEASE PRINT) | | | |
|---|---|--|--|
| Today's Date: | | Student must be 3 years old by December 31 st to register. | |
| STUDENT INFORMATION | | | |
| Child's Name: | | Birth date (mmddyy) / / | |
| Language Spoken at home: | | Sex: M F Age: | |
| Address: | | | |
| LEGAL GUARDIAN INFORMATION | | | |
| Please ensure to provide the names of all person(s) allowed to pick up your child in case of emergency | | | |
| (primary)Name | | E-mail | |
| Home phone: | Work phone: | Mobile phone: | |
| (Secondary)Name: | | E-mail | |
| Home phone: | Work phone: | Mobile phone: | |
| Emergency contacts and alternative pickup: | | | |
| Name: | | Phone: | |
| Name: | | Phone: | |
| STUDENT MEDICAL INFORMATION(PLEASE ATTACH MOST CURRENT IMMUNIZATION RECORDS) | | | |
| Family Doctor: | Doctor Phone : | Care Card# | |
| Childs allergies: | | | |
| Does your child require any special assistance with: | | | |
| Toileting: Y N (We are happy to support toilet training and are fine with children still requiring diapering) | | | |
| Eating: Y N | | | |
| Does your child have any specific fears and /or requirements? | | | |
| | | | |
| CONSENT | | | |
| PARTICIPATION: I hereby give permission for my child to accompany his/her class, under supervision of teacher(s) on outings during preschool. This may include educational visits outside of school (information will be provided in advance) as well as walks to the park and near the beach area. | | | |
| Signature: | | Date: | |
| LEGAL GAURDIAN /PARENT PARTICIPATION: I understand that it is my role as a parent to be involved in the preschool on an ongoing basis. This includes participating in parent days, paying fees as required, giving 30 days notice prior to withdrawal, and communication of all concerns to teachers in a collaborative fashion. (Excludes Summer preschool) | | | |
| Signature: | | Date: | |
| CONSENT FOR PHONE LIST/EMAIL: I am comfortable with my child's name and phone number/email to be distributed on a list. | | | |
| Signature: | | Date: | |
| <i>PRESCHOOL CLASS OPTIONS</i> | <i>SESSIONS</i> | <i>RATE</i> | <i>TOTAL</i> |
| SUMMER PRESCHOOL *For students requiring support please ask about additional fees. | (please circle) Week 1 Week 2 Week 3 | \$95 / per week | \$95 x _____ of weeks Total= _____ To secure a spot all applications require a \$25 non-refundable registration fee. |
| PRESCHOOL 9:00am TO 11:30am | MON/WED/FRI | \$250 /per month | To secure a preschool spot all applications require a \$25 non-refundable registration fee. |
| Please select the session(s) and attach appropriate payment. All information and cheques need to be mailed or dropped off at: | | | |
| Mailed to: C/O Harmony House PO Box 45004 12851 16 th Avenue Surrey B.C. V4A 9L1 | | Dropped off at Harmony House office/school 2916 McBride Avenue (Joyce Mason Hall) Surrey (at Crescent Beach), BC Phone: 604 -542-1550 | |
| Special Requests: | | | |