

Westend Community Playschool Registration Form 2022-2023

****MUST BE COMPLETED IN FULL****

Child's last name _____		Child's first name _____	
Child's Street Address _____			
Child's City and Postal Code _____			
Child's Date of Birth (MM/DD/YYYY) _____			
Health Card Number _____		Child's Gender _____	
Primary Parent Contact Name _____ _____		Secondary Parent Contact Name <small>*NEEDS TO BE COMPLETED EVEN IF SAME AS PRIMARY CONTACT</small> _____ _____	
Home address _____		Home address _____	
Postal Code _____		Postal Code _____	
Phone (cell) _____		Phone (cell) _____	
Phone (work) _____		Phone (work) _____	
Phone (home) _____		Phone (home) _____	
E-mail address _____		E-mail address _____	
Is there someone that is not allowed to pick up your child? If yes, please provide the teaching staff with details.			
EMERGENCY CONTACT OTHER THAN PARENT (whom child can be released to)			
Name _____		Relationship _____	
Phone _____		Address _____	
FAMILY PHYSICIAN			
Name _____		Address _____	
Phone _____		Postal Code _____	
Please list any relevant health and developmental information (ie. Asthma, allergies, speech delay etc.) *IF NONE, PLEASE STATE "NONE"			
* _____ _____			
Does your child require medication that must be given daily? Yes___ No___			
If "yes", please state what the medication is and why it must be given: _____ _____			
Are your child's immunizations up-to-date? Yes___ No___			
I consent to the administration of health care by the staff of the Westend Community Playschool. If emergency assistance is required, I understand the medical professionals will decide where medical assistance will be sought. I acknowledge that I will be responsible for the cost of ambulance services, if any: Yes___ No___ Initial _____			
Are there any behaviours or fears that the school should be aware of? If yes, please describe: _____ _____ _____			
SIGNATURE OF PARENT _____		DATE _____	

Programs Offered

PLEASE STATE YOUR PREFERENCE(S)

Class	Days	Times	Cost/year	Ranked Preference
2 & 3 Year old – AM	Tuesday & Thursday	9:00am - 11:15am	\$1450 (\$145/mo)	
3 ½ & 4 Year old – AM	Monday, Wednesday & Friday	9:00am - 11:15am	\$1750 (\$175/mo)	

How did you learn about the Westend Community Playschool? _____

Permissions and Acknowledgements

I give permission for my child to leave the premises for walks, visits to the playground, etc.	Y___N___	Initial___
I give permission to receive electronic messages from Westend Community Playschool	Y___N___	Initial___
I give permission to release my child's name, my name, email and phone # for a class directory.	Y___N___	Initial___
I give permission to allow my child to be photographed for classroom purposes	Y___N___	Initial___
I give permission for my child to be photographed for images to be posted on the WECP website.	Y___N___	Initial___
I give permission for my child to be photographed for images to be posted on the WECP's social media pages. (including but not limited to Facebook, Instagram)	Y___N___	Initial___
I give permission for my child to be included on the SeeSaw app (SeeSaw is a closed, secure network specific to your child's class that keeps parents up to date on their children's school life, including photos, videos, files and text)	Y___N___	Initial___
I understand that the \$100.00 registration fee is non-refundable under any circumstances.		Initial___
I understand that the \$50 Annual General Meeting fee will be cashed if someone from my family does not attend the meeting.		Initial___
I understand that the playschool is ran by a parent run board. You may be asked to volunteer for a position in order for the playschool to run. Please consider volunteering on the board for the continued success of the playschool!		Initial___
I understand that on the years WECP is to host a casino event (even years), a \$250 refundable casino volunteering cheque is required from each family. Once a volunteer form has been submitted and the assignment completed, the cheque will be returned.		Initial___
I understand that the playschool generates a large portion of funding at a VOLUNTEER run casino event, once every two years. I will be asked to provide one person to represent our family at this fundraising event.		Initial___
I understand that if a child needs to be withdrawn from the playschool, the parent must provide one month's written notice (on or before the first of the month) to the Registrar of the Parents Advisory Board. Withdrawals are not permitted after April 1.		Initial___

CHILD'S NAME _____

PARENT'S NAME _____ **PHONE #** _____

SIGNATURE OF PARENT _____ **DATE** _____

ADMIN/OFFICE USE ONLY

CLASS PLACEMENT: _____

REGISTRATION/TOY CLEANING CHEQUE # _____ DATE ON CHEQUE: _____

CASINO CHEQUE # _____

PAYMENT METHOD ___ ANNUAL ___ BIENNIAL ___ PAP

MEDICATION FORMS PROVIDED TO PARENTS (DATE) _____

MEDICATION and FORMS RECEIVED BACK COMPLETED FROM PARENTS (DATE) _____

WAITLIST: CLASS _____ DATE: _____