



REGISTRATION FORM

4240 ANDERSON ST
WHITBY, ON
L1R 2W1
TEL: 905-655-4534

BASIC REGISTRATION DETAILS

Registration Fee Provided: <input type="checkbox"/> Cash: <input type="checkbox"/> Cheque: <input type="checkbox"/>			
*Days Attending (Circle):	Tuesday/Thursday - AM	Monday/Wednesday/Friday - AM	Tuesday/Wednesday/Thursday - PM
Requested Start Date:		Requested End Date:	
<small>*Every opportunity will be made to place your child in the days/times requested, however LBNS reserves the right to change/cancel programs at our discretion. An opportunity to modify requests and/or receive a refund will be provided.</small>			

CHILD'S INFORMATION

Child's Name:		Sex:	Date of Birth:
Address:		Phone:	
City:	Postal Code:	Parent's Email: <small>LBNS does not sell or provide your information to any third party, we only use this to provide you with information about the program & LBNS events and during the school year your child is enrolled.</small>	

FAMILY CONTACT INFORMATION

Mother's Name:		Phone:	
Address: <small>Same as Child's above: <input type="checkbox"/></small>		City:	Postal Code:
Place of Business:		Business Phone:	
Business Address:		City:	Postal Code:
Cell#:			

Father's Name:		Phone:	
Address: <small>Same as Child's above: <input type="checkbox"/></small>		City:	Postal Code:
Place of Business:		Business Phone:	
Business Address:		City:	Postal Code:
Cell#:			

FRIENDS/FAMILY CLASSROOM REQUEST

Child's Name:
<small>We will take into considerations all requests for friends/family to be placed together in the same classroom, however a positive and safe learning environment for all the children is our paramount concern and will take precedence if necessary.</small>

FAMILY DOCTOR INFORMATION

Doctor Name:		Phone:	
Address:		City:	Postal Code:
Allergies/Medical Alert:			

TWO EMERGENCY CONTACTS

(WHEN PARENTS CANNOT BE REACHED & CHILD IS IN THE CARE OF OUR CENTRE)

Name:		Phone:	
Relationship:		Cell#:	
Name:		Phone:	
Relationship:		Cell#:	

PERSONS AUTHORIZED TO PICK UP CHILD (OTHER THAN PARENTS/GUARDIANS)

1.	2.
3.	4.

EMERGENCY PROCEDURE

In case of illness or accident to my child where I or the Emergency Contact cannot be reached by telephone, I hereby grant authority to the Child Care Supervisor or Designate to call an ambulance and seek any necessary medical treatment.

Please initial beside your choice.	YES:	NO:
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[Type here]

UNDERSTANDING OF ALLERGY POLICY

LBNS strives to provide an allergy free environment for children with allergies, however due to the school operating in a multi-functional facility, we cannot guarantee a 100% allergy free facility. We ask that everyone do their part to support our allergy policy in the Parent Manual. Please sign immediately below confirming your understanding of this policy.

I have read and I understand and accept the above policy.

Signature:

PARENT MANUAL

I have read the Parent Manual and understand that I must abide by the parent responsibilities and policies as outlined.

Please initial beside your choice.

YES:

NO:

ALTERNATE SPACES

I hereby give Little Blessings Nursery School permission to bring my child to the Gym (alternate space for inclement weather) and the Hebron Church Sanctuary for the purpose of rehearsals for our concerts. Both locations are within the Hebron Church.

Please initial beside your choice.

YES:

NO:

IMAGE RELEASE DETAILS

We ask that each parent accepts or declines what LBNS does with pictures of their child/children. Please read each section and **initial** if you accept or decline and understand that this release will remain in effect from today's date and until my child reaches the age of majority.

PERSONAL PHOTO'S/GIFTS

I grant Little Blessings Nursery School the right to take photographs of my child/children and my family while at Little Blessings Nursery School and while on outings/field trips to be given to me as photos or gifts. (Please initial beside your choice.)

ACCEPT:

DECLINE:

IN-SCHOOL DISPLAYS

I accept that photographs & school work of my child/children may be displayed in the LBNS building. (Please initial beside your choice.)

ACCEPT:

DECLINE:

MARKETING & PUBLICITY FOR LBNS

I grant Little Blessings and its employees, representatives, and members permission to use photographs of my child/children's in print and/or electronically without names for purposes of publicity, illustration, advertising, and web content on the Little Blessings Nursery School website and Facebook page. It is LBNS policy to notify parents of our intent to use any photo of a child outside of the program for any marketing or publicity efforts. (Please initial beside your choice.)

ACCEPT:

DECLINE:

OPT-OUT OF ALL PHOTO'S

I DO NOT want my child/children's photograph to be taken for any purposes, other than those required for an approved medical emergency plan.

PLEASE NOTE:

- Children will not be released to anyone not listed on this form unless the school is advised of the change. Photo Identification is required if the person is unknown to the school.
- A non-refundable registration fee of \$60.00 is required with registration to secure your child's space in our school.
- We ask for post-dated cheques for the entire school year upon registration. Cheques are cashed between the 6th and 10th of every month. NSF cheques will receive a charge of \$25.
- The Monthly fee is due regardless of the number of days in the month, absenteeism due to illness or inclement weather, plus school or statutory holidays.
- If for some reason it becomes necessary to withdraw your child, a minimum notice of one month is required or one month's fee in lieu of notice.
- When available the school uses The Gym, the room directly across from our classrooms, when the weather is not conducive for outdoor play.

SIGNATURES

	Parent or Guardian Signature	Date:
	Parent or Guardian Name	Date:
	Supervisors Signature	Date: