

# Information

Returning Student	<input type="checkbox"/>
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Child's Name: \_\_\_\_\_ M / F Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Surname) (Given Names) Day Month Year  
(i.e.: 01 / January / 2012)

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Ph.: \_\_\_\_\_

Mother's/Guardian Name: \_\_\_\_\_ Father's /Guardian Name: \_\_\_\_\_

Address: (if different from child) \_\_\_\_\_ Address: (if different from child) \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

(W): \_\_\_\_\_ Cell \_\_\_\_\_ (W) \_\_\_\_\_ Cell: \_\_\_\_\_

email: \_\_\_\_\_\*\* email: \_\_\_\_\_\*\*

Sibling(s) name, age(s) \_\_\_\_\_ School and grade: \_\_\_\_\_

## Emergency Contact Person(s), in case the parents/guardians are unavailable:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Ph.: \_\_\_\_\_

Address: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Ph.: \_\_\_\_\_

Address: \_\_\_\_\_ Cell: \_\_\_\_\_

**Teachers must be notified in writing** (forms available in classroom) if for any reason an alternate person is to pick up your child.

Please indicate if there is someone who has **restricted access** to your child and your child **CANNOT** be released to:

Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Health Information

Are your child's immunizations up to date? YES/NO

Please specify if your child has any known allergies, childhood diseases or handicaps, and/or if your child has had any serious illnesses, operations or accidents that the Teachers need to be aware of.

\_\_\_\_\_  
\_\_\_\_\_

I \_\_\_\_\_ hereby give the Staff of Beaux Esprits Playschool permission to administer **First Aid** to my child \_\_\_\_\_ as needed.

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*All information is for school use only and will be kept confidential. Information will be protected and used in compliance with the FOIP Act.*

*\*\* For school use only.*

# Registration Form

I would like to register my son/daughter \_\_\_\_\_ in Beaux Esprits Playschool  
(Child's name)

for the class indicated below:

**Class:** Please check off which class you wish to enroll your child in.

- 3 to 4-year-old program: Tuesday and Thursday morning (8:45- 11:15 am) (Blue Class) \_\_\_\_\_
- 4 to 5-year-old program: Monday, Wednesday and Friday morning (8:45-11:15 am) (Yellow Class) \_\_\_\_\_
- 3 and 4 year old program: Monday and Wednesday afternoon (12:30-3:00 pm ) (Red Class) \_\_\_\_\_

Where did you learn about Beaux Esprits? \_\_\_\_\_

## Fees:

NON-REFUNDABLE registration fee:	\$ 60.00	(\$50.00 if registered at Registration Night).
Yellow Class - Monthly fee for 3 classes per week	\$160.00	
Blue Class - Monthly fee for 2 morning classes/week):	\$110.00	
Red Class - Monthly fee for 2 afternoon classes/week):	\$110.00	

**ALL** cheques are to be made payable to Beaux Esprits Playschool (**NO CASH** please). **ALL** cheques must be dated for the **FIRST** of every month from September to June - please ensure the correct **YEAR** from January on. **Lump sum payment is also possible (1 or 2 cheques)**. The **FULL** monthly fee is required even if your child will not attend the program as offered (e.g., attend only 2 of the 3 classes per week). **A \$25.00 charge will be levied on all N.S.F. cheques.**

**Registration Requirements:** The registration form, registration fee, parental involvement sign-up, and all post-dated cheques must be received by the Registrar before the child will be considered enrolled at the playschool. Those registering in the program at a later date will be subject to the same rules.

**Field Trip/Information Release Form:** As part of our program we use the Our Lady of Victories School playground and schoolyard. We also plan the occasional field trip. The following is a consent form that is required in order for your child to participate. Also in regular classroom activities we may take photographs of the children (for school use only) as well use their names in newsletters and birthday calendars.

I give my permission for \_\_\_\_\_ to participate in outdoor play and field trips with Beaux Esprits Playschool and activities that occur regularly in the school community.

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Casino/Fundraising:** I am aware that there may be a Casino or Silent Auction once every two years and participation is **mandatory**. A post-dated cheque is required at time of registration.

Parent's /Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Charitable Donations:** Beaux Esprits Playschool is a charitable organization, therefore we are able to give income tax receipts for any donations received.