

Sacred Heart Preschool/Daycare
Student Registration Form

Name: _____ Birthdate: _____
(mm/dd/year)

Start Date: _____ Gender: M _____ F _____

Address: _____

Is your child of Aboriginal ancestry? _____ If yes, do you live on reserve? _____

Mother's Name: _____ Home Phone # _____

Cell #: _____

Mother's place of work: _____ Work Phone: _____

Father's Name: _____ Home Phone # _____

Cell #: _____

Father's place of work: _____ Work Phone: _____

Has your child had previous experience away from home? YES NO

If yes, please explain: _____

Do you think your child is comfortable leaving parent? _____

Siblings names & birthdates: _____

Emergency Contact

Name: _____

Relationship to child: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Authorization for pickup

Your child will only be released to an authorized person listed on this form in the parent/guardian and/or emergency contact sections of this form. Please indicate the name, address and phone number of any other person(s) who you authorize to pick up your child on your behalf.

Name

Address

Phone #

A parent/guardian's verbal authorization must be received before your child will be released to anyone not listed here. If not received, and you cannot be contacted by phone, your child will not be released

Sacred Heart Preschool/Daycare

Medical Information

Doctor: _____ Phone: _____

Address: _____

Care Card Number: _____

Medical problems or allergies: _____

My child has been immunized: Yes _____ No _____

Emergency Consent:

It is the policy of Sacred Heart Preschool/Daycare to notify a parent when a child is ill or needs medical attention. Occasionally, we cannot contact a parent and may need to get immediate help for the child. Our procedure is to have the child transported to the nearest emergency service. Please sign below giving the staff at Sacred Heart Preschool/Daycare consent to take appropriate action on behalf of your child.

I hereby give permission/consent for my/our child _____ to be taken to the nearest emergency centre by ambulance if necessary if I/we cannot be contacted. I further agree to pay all costs incurred for transport.

Parent/Guardian Name: _____

Signature: _____

Date: _____

PERMISSION FORM FOR FIELD TRIPS

Dear Parent/Guardian:

During the school year the teachers schedule field trips for which your child will leave the school grounds. We require your permission. Please complete this form and return it to the school as soon as possible.

I hereby give my permission for my child _____
(child's name)
to attend field trips scheduled by the teachers.

(Parent's signature)

(date)

PHOTO PERMISSION

I hereby do ____ do not ____ give consent for my child _____
(name)

to be photographed. I understand these photos may be used for class projects, centre displays or community displays. I will be notified of any photos being published in the media and consent will be obtained at that time.

(Parent's signature)

(date)