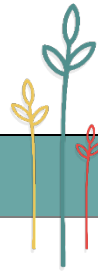


Agassiz Christian Preschool

APPLICATION FORM 2021-2022


STUDENT INFORMATION

Child's Name (Last)	First	Middle
Birthdate (Please attach birth certificate)	Gender	Place of Birth
Address:	City	Postal Code
Personal Healthcare Number:		
We are registering for the: Start Date: _____ End Date: _____ (a) <input type="checkbox"/> Tues/Thur program (2 mornings per week) @ \$120.00 per month (Born in 2018) (b) <input type="checkbox"/> Mon/Wed/Fri program (3 mornings per week) @ \$160.00 per month (Born in 2017) <p style="text-align: center;">*A 10 month commitment is required</p> <p style="text-align: center;">*Pre Authorized Monthly Payments or full payment is required before or on the first day of preschool.</p>		

FAMILY INFORMATION

Mother's Name:	Home:
Address: <i>(if different from child's)</i>	Cell:
Employer:	Work:
Email Address:	Marital Status:

Father's Name:	Home:
Address: <i>(if different from child's)</i>	Cell:
Employer:	Work:
Email Address:	Marital Status:

Are there any court orders regarding custody of your child? If yes, please explain and provide a copy of relevant documentation.

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YOUNGER SIBLINGS

Child's Name:	Date of Birth:
Child's Name:	Date of Birth:
Child's Name:	Date of Birth:

GENERAL INFORMATION

Do you attend church?

Yes If so, which one? _____ No

Has your child attended preschool before?

Yes If so, which one? _____ No

How did you learn of Agassiz Christian Preschool? Family/Friend Newspaper Brochure

Are you considering continuing with Agassiz Christian School for Kindergarten?

Yes No Uncertain

PICK UP FROM PRESCHOOL

LIST INDIVIDUALS AUTHORIZED TO PICK UP YOUR CHILDREN FROM PRESCHOOL

Name:	Relationship:	Phone Number:
Name:	Relationship:	Phone Number:
Name:	Relationship:	Phone Number:

LIST INDIVIDUALS SPECIFICALLY NOT AUTHORIZED TO PICK UP YOUR CHILD FROM PRESCHOOL

Name:	Relationship:	Phone Number:
Name:	Relationship:	Phone Number:
Name:	Relationship:	Phone Number:

MEDICAL INFORMATION

Is your child immunized? Yes No

Is your child toilet trained? Yes No

Does your child have any allergies, medical and/or developmental concerns we should be aware of?

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Family Doctor:	Phone:
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Family Dentist:	Phone:
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Persons to contact in case of emergency if parents/guardians cannot be reached:

Name:	Relationship:	Phone:
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Name:	Relationship:	Phone:
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Emergency Consent Form

It is the policy of Agassiz Christian Preschool to notify a parent when a child is ill or needs medical attention. Occasionally we cannot contact parents or designated contacts and we need to get immediate help for the child. Our procedure is to ensure that the child is taken to the nearest emergency service.

Please sign the consent below so that the facility staff can take appropriate action on behalf of your child.

I hereby give consent for my child _____ when ill, to be taken to the nearest emergency center by emergency vehicle when I or designated contacts cannot be contacted. Any associated costs incurred as a result of emergency transportation or medical treatment for the child is the responsibility of the child's parent/guardian.

I hereby give consent for my child _____ to receive medical treatment.

Signature of parent/guardian _____ Date _____

CONSENT (PLEASE CHECK IF IN AGREEMENT)

I consent to having:

(please select all that apply)

- my child's photograph and/or work samples used by Agassiz Christian School & Preschool in the newsletters, website, Facebook, Instagram, Twitter, and other promotional material.
- my child's photograph and/or work samples used in classroom scrapbooks or in-house media presentations.
- my child's name used by Agassiz Christian School & Preschool in the newsletters, website, Facebook, Instagram, Twitter, and other promotional material.

ADJUSTMENT PERIOD

Entering preschool can be an adjustment for children. The first month of Preschool is seen as a trial period for all children. There may be times when our Preschool may not be able to meet the needs of your child. If this is the case, you will be notified that our Preschool is not a good fit for your child.

SIGNATURE _____ Date: _____
Parent/Guardian



For Office Use Only – attach to Application Form

Please check items received:

- Application Form completed & signed
- Non-refundable Registration Fee (\$30) paid Cash Cheque
- Pre-Authorized Pymt Form completed and entered into system
- Emergency Consent Form signed
- Copy of Immunization Record
- Copy of Birth Certificate
- Child's Picture
- Copy of Court Order/Legal Documentation