



CENTRAL HEIGHTS PRESCHOOL REGISTRATION FORM

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Birth Certificate: \_\_\_\_\_  
Number: \_\_\_\_\_  
Year Month Day Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Name of Child: \_\_\_\_\_  
(Last Name) (First Name)

Home Address: \_\_\_\_\_  
Street address City Province Postal Code

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Marital Status \_\_\_\_\_ Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Separated

People Living in the home:

Name	Relationship
_____	_____
_____	_____
_____	_____

Is the Primary caregiver employed? Yes / No  
If yes, who cares for the child while he/she is away?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Expected vacation dates? (If longer than 2 weeks) \_\_\_\_\_

Child's first language: \_\_\_\_\_ 2<sup>ND</sup> Language \_\_\_\_\_

If appropriate, English speaking contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**PHYSICALLY**

Is your child toilet trained? YES / NO

If they are not, you need to talk directly to their teacher to make arrangements for their toilet care.

Is there special health condition(s) about which we should know? (Any activity restrictions, allergies, hearing loss, vision problems, etc.)

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

**INTELLECTUALLY**

What are his/her special interests? \_\_\_\_\_

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

**SOCIALLY**

Age of playmates \_\_\_\_\_ Is he/she more comfortable with adults or children? \_\_\_\_\_  
In what kind of situation will your child need the most help? \_\_\_\_\_

Has your child had previous experience away from home? Yes / No  
(eg. Sunday School, swimming lessons, other areas of interest). If yes, explain: \_\_\_\_\_

**EMOTIONALLY**

Are you aware of fears and anxieties your child has? If so, what? \_\_\_\_\_

**OTHER**

What do you hope your child will gain from school? (Give examples) \_\_\_\_\_

How did you find out about Central Heights Preschool? \_\_\_\_\_

Special Comments or Instruction for the teacher: \_\_\_\_\_

We feel that each child needs to develop intellectually, socially, physically, emotionally, and spiritually. Therefore your child will be exposed to Bible stories, songs and poems, games, large and small muscle equipment and many other activities.

To the best of my knowledge all the above information is correct. I will also inform the Preschool Teacher of any changes in the above, such as telephone number, address changes, emergency number, people living in the home, etc.

Signature of Parent or Guardian

Date

**FEES**

- 1. **Registration Fee:** \$20.00 for the first child must accompany this registration. \$5.00 each additional child. This is non-refundable.
- 2. **Application Deposit:** A postdated cheque, dated August 1 (in the amount of the first month fees) must accompany this registration form. This will hold your child's spot. If you withdraw him/her from the preschool before August 1, you will receive the Application Deposit back. If you withdraw him/her from the preschool after August 1, your Application Deposit will be cashed by the preschool.

**TO BE FILLED IN BY STAFF**

Date Application Received \_\_\_\_\_  
Enrolled (Registration Fee paid) \_\_\_\_\_ Application Deposit Received \_\_\_\_\_  
Start Date \_\_\_\_\_ Date Withdrawn \_\_\_\_\_

**CLASS PLACEMENT:**

TUES/THURS - AM \_\_\_\_\_ 3 yr. old      MON/WED/FRI - AM \_\_\_\_\_ 4 yr. old  
TUES/THURS - PM \_\_\_\_\_ 4 yr. old      MON/WED - PM \_\_\_\_\_ 4 yr. old  
Receipt # \_\_\_\_\_ Received by \_\_\_\_\_