

BASIC REGISTRATION DETAILS

Please complete all areas of this form or provide N/A as needed.

Registration Fee Provided: Cash: Cheque: E-mail transfer

*Days Attending (Circle): Tuesday/Thursday - **AM** Monday/Wednesday/Friday - **AM** Tuesday/Wednesday/Thursday - **PM**

Requested Start Date: _____ Requested End Date: _____

*Every opportunity will be made to place your child in the days/times requested, however LBNS (Little Blessings Nursery School) reserves the right to change/cancel programs at our discretion. An opportunity to modify requests and/or receive a refund will be provided. If you would like 5 days a week in the AM program please select both the Tues/Thurs and the Mon/Wed/Fri options.

CHILD'S INFORMATION

Child's Name: _____ Sex: _____ Date of Birth: _____
Address: _____ Phone: _____
City: _____ Postal Code: _____

PARENT/GUARDIAN INFORMATION

Child living with: Both Parents Mother Father Other - Please Specify: _____

Custody: Both Parents Joint Exclusive Crown Special Arrangements

Please specify any special custody or access arrangements that pertain to the child and provide supporting documentation:

Parent/Guardian 1
Relationship to Child: _____
Name: _____ Phone: _____
Address: _____ City: _____ Postal Code: _____
Same as Child's above:
Place of Business: _____ Business Phone: _____
Business Address: _____ City: _____ Postal Code: _____
Cell#: _____ Parent's Email: _____
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.

Parent/Guardian 2
Relationship to Child: _____
Name: _____ Phone: _____
Address: _____ City: _____ Postal Code: _____
Same as Child's above:
Place of Business: _____ Business Phone: _____
Business Address: _____ City: _____ Postal Code: _____
Cell#: _____ Parent's Email: _____
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.

FRIENDS/FAMILY CLASSROOM REQUEST

Child's Name: _____
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 and meeting licensing requirements is our paramount concern and will take precedence if necessary.

FAMILY DOCTOR INFORMATION

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

TWO EMERGENCY CONTACTS

(WHEN GUARDIANS 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:

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:

ALTERNATE SPACES

I hereby give LBNS permission to bring my child to the Gym, the Church Sanctuary, LBNS Play-yard & Hebron Community Garden for the purpose of gross motor play & concert rehearsals. All locations are within the Hebron Church grounds.

Please initial beside your choice.

YES:

NO:

PARENT MANUAL

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

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

Signature:

CHILDREN'S WORK RELEASE

I hereby give LBNS permission to include **my child's work:** (Please initial beside your choice.)

in displays or media promoting our program.

YES:

NO:

in media released for any purpose.

YES:

NO:

IMAGE RELEASE DETAILS

We ask that parents/guardians accept or decline how LBNS uses pictures of their child/children. Please read each section below and **initial** if you accept or decline & understand that this release will remain in effect until my child reaches the age of majority.

PERSONAL PHOTO'S/GIFTS ONLY

I grant LBNS the right to take photographs of my child/children and my family while at LBNS 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 ONLY

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 USAGE

I grant Little Blessings Nursery School 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, Facebook & Instagram pages. 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's photograph taken for any purpose, except those required for 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 from a parent/guardian. Photo Identification is required if the person is unknown to the school.
- A non-refundable registration fee of \$60.00 is required with this registration form to secure your child's space in our school.
- We ask for post-dated cheques for the entire school year upon registration. NSF cheques will receive a charge of \$25.
- For email transfers the email is: littleblessingsns@live.ca You must put the name of your child in the notes section of e-transfer.
- The Monthly fee is due regardless of the number of days in the month attended due to absenteeism, inclement weather, as well as 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.

SIGNATURES

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