



4240 ANDERSON STREET
 WHITBY ON L1R 2W1
 TEL: (905) 655-4534

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 Little Blessings Nursery School (LBNS) 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.

HAND SANITIZER

I hereby give LBNS permission to use Hand Sanitizer on my child if hand washing is not available.

Please initial beside your choice. YES: NO:

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, Twitter and 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 \$25.00
- For email transfers the email is: littleblessingsns@live.ca. You must put the name of your child in the notes section of the 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: