

Ancaster Small Fry Preschool Inc.

Registration Form



Child's Name	Child's Last name	Birth date (D/M/Y)
Address		Home's Phone Number
Contact Email		
Does your child have any anaphylactic allergies? If yes, please list.		Is an EpiPen required? Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child have any other allergies or food restrictions? If yes, please list.		

Mother's Name ⇒	Address (if different than above)	Cell's Phone Number Work's Phone Numbers
Father's Name ⇒	Address (if different than above)	Cell's Phone Number Work's Phone Numbers
Guardian's Name ⇒	Address (if different than above)	Cell's Phone Number Work's Phone Numbers

Child's Physician ⇒	Address	Phone Number
Emergency Contact <small>(other than parents/guardians)</small> ⇒	Address	Phone Number

Person(s) authorized to pick up my child at school other than parents

Name ⇒	Address	Phone Number
Name ⇒	Address	Phone Number

Select Program Requested

Morning Program

9:00 am to 12:00 pm

Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>
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Morning Program Monthly Fee	1 Day	2 DAY	3 DAY	4 DAY	5 DAY
	\$82	\$148	\$209	\$275	\$332

In order to participate in Full Day program your child must be attending the Preschool class

Tuesday <input type="checkbox"/>	Full Day Program 9:00 am to 2:30 pm	Thursday <input type="checkbox"/>	(Catered lunch included)
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Full Day Program Monthly Top up fee to base program	Option 1	1 Day	Option 2	2 Days
		\$69		\$137

*For Full day program, add the monthly top up fee on either Option 1 or 2 to the based monthly fee of the Morning program requested.

Our family will Participate in duty days <input type="checkbox"/>	Our family will NOT participate in duty days, and agree to pay the \$105 Non-participating Monthly fee for one child/ \$150 Non-participation Monthly fee for siblings Requirements for non-participating members are the same except for duty days in the classroom. <input type="checkbox"/>
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Have you had any concerns about your child's development or health needs? YES NO

If yes, please briefly describe your concerns:

Have you ever consulted a doctor, nurse or therapist about your child's development or health needs?
If yes, please briefly describe the results of the consultation:

I / WE understand the required duties of participating* adult member(s) of Ancaster Small Fry Preschool Inc. to include:

- Regular participation in the classroom (duty days) of no less than twice per month.
- Work at school functions, such as fundraising events, and help with school maintenance.
- Attendance at 4 evening Parent meetings, and an orientation meeting, scheduled at the start of the school year.
- Required at the orientation meeting:**
 - Tuition payments by monthly post-dated cheques,
 - Non-refundable annual registration fee of **\$60.00**
- Required by the first day of school:
 - Medical form for your child,
 - Completed registration form package, signed and dated
- I / We agree to give at least two weeks written notice in the event we wish to withdraw our child(ren) from the program

Parent/Guardian's Signature: _____ Date _____

www.ancastersmallfrypreschool.com
20 Gilbert Ave. corner of Fiddlers Green
(905)304-8903

<u>OFFICE USE ONLY</u> ADMISSION DATE:
DISCHARGE DATE: