

Other children in the family:

Name	Age
_____	_____
_____	_____
_____	_____

Languages spoken at home: _____

Is the child a status First Nations person? _____

Academic Record

Please list the last three (3) schools that your child has attended.

	Name of School	Location	Grade	Teacher
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Please attach your child's year end report cards for the past 3 years to this document.

Health Record

Health Care Number: _____

Physician's Name: _____ Telephone: _____
Dentist's Name: _____ Telephone: _____

State any relevant medical information about your child that the school would need to be aware of.

Does your child have any allergies or sensitivities? If yes, please list allergy and treatment. _____

My child's immunizations are up-to-date. I will provide the school with a copy.

My child is not immunized. I am a conscientious objector.

Parent Signature

Date

Emergency Contact Information

Person(s) to contact in case of emergency:

Mother Name: _____ Daytime Telephone: _____
Father Name: _____ Daytime Telephone: _____
Contact Person : _____ Daytime Telephone: _____
Contact Person : _____ Daytime Telephone: _____

I hereby give the above named people permission to remove my child from the school.

Parent Signature

Date

Record of any person who is **NOT** permitted (if any) access to the child and/or who is **NOT** authorized to pick the child-up from the program.

Unauthorized Person: to Child:	Relationship
_____	_____
_____	_____
_____	_____

Signature of Authorized Parent/Guardian Date: _____

It is Summerland Montessori School and Prairie Valley Preschool's policy to notify a parent when a child is ill or in need of medical attention. Occasionally we are unable to contact parents and we need to get immediate help for the child.

Our procedure is to have the child taken to the nearest emergency service by ambulance. The ambulance fee is the responsibility of the parent.

If an ambulance is not available, staff of the Summerland Montessori School or Prairie Valley Preschool will transport the child.

I hereby give permission to the Summerland Montessori School or Prairie Valley Preschool to make necessary transportation arrangements for my child, _____, who has become ill or injured.

Parent Signature

Date

I consent to having photographs and work samples of my child and used by the Summerland Montessori School or Prairie Valley Preschool in the yearbook, newsletters, website and other promotional material.

Parent Signature

Date

The school will prepare a family phone list to be used in emergencies and school closures. If you DO NOT want your phone number included please sign below.

I DO NOT want to be included on a family phone list.

Parent Signature

Date

I hereby certify that this information is complete and accurate to the best of my knowledge.

Parent Signature

Date

The Summerland Montessori School and Prairie Valley Preschool acknowledges that there will be no disclosure of personal information to unauthorized personnel or third parties who are not directly involved in school management or the care, supervision and instruction of your child at this school, unless written authorization from a parent or legal guardian is provided to the school. The school will securely store all digital and hard copy parent and student personal information.

Signature of Privacy Officer

Telephone

Date Registration Received: _____

Registration Fee: _____ Tuition: _____