

Building Blocks Nursery School

registration
form

INDEMNITY: In consideration of permitting my child to participate in the activities of Building Blocks Nursery School, I agree to insure my child against any injury or loss resulting from activities, I agree to indemnify and save harmless the Building Blocks Nursery School, it's personnel and the Heart Lake United Church from all losses, damages, claims, and demands occasioned thereby.

AUTHORIZATION: I hereby authorize the Building Blocks Nursery School and its personnel to provide all medical care they deem necessary for my child in the case of injury, and I agree to reimburse Building Blocks Nursery School for all necessary expenses.

ENROLLMENT SERVICE & TERMINATION: Parents of JK/SK children agree to give Building Blocks Nursery School fees paid **June-March, with fees being non-refundable** during the first three months (June, July, August) and the **last three months** (January, February, March). Parents agree to give **three months withdrawal notice** during the rest of the school year.

Parents of **Preschool** children agree to give Building Blocks Nursery School **one (1) months withdrawal notice** or the following month's fees. As of August 1st September's, fee is nonrefundable. As of **March 1st NO fees are refundable.**

In the case where we find that our program does not suit the needs of a child or family Building Blocks Nursery School and its staff will communicate with the family, community partners (such as PIRS) to try to meet the child's needs. However, if, we find that our program does not suit the needs of a child we will follow the Continue Placement Process this will allow Building Blocks Nursery School to follow the steps required to support families in alternate care experiences.



_____ Date

_____ Parent/Guardian Signature

Fees are payable by 10 post-dated cheques and are due upon registration. Please return registration form, medical form, applicable registration fee, and all cheques to:

Building Blocks Nursery School

Or mail to

*35 Carnforth Drive,
Brampton, Ont.
L6Z 1T8
Telephone: (905) 846-3305*

For Office Use Only:

_____ Date of admission

\$ _____ Registration Fee

_____ Staff Signature

_____ Date of withdrawal