

registration form



2 1/2 HOUR PROGRAM

- Monday Wednesday Friday **am** (3x)
- Monday Wednesday Friday **pm** (3x)
- Tuesday Thursday **am** (2x)
- Tuesday Thursday **pm** (2x)
- Monday - to - Friday **am** (5x)
- Monday - to - Friday **pm** (5x)

3 HOUR PROGRAM

- Monday Wednesday Friday **am** (3x)
- Monday Wednesday Friday **pm** (3x)
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- Tuesday Thursday **pm** (2x)
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Child's Name: _____

Date of Birth (MM/DD/YYYY) _____ Present Age: _____ Sex(Circle): M F

Home Address: _____

City: _____ Postal Code: _____

Home Phone Number: _____

Mother's Name: _____

Home Address (if different than child): _____

City: _____ Postal Code: _____

Contact Number (during child care): _____

Father's Name: _____

Home Address (if different than child): _____

City: _____ Postal Code: _____

Contact Number (during child care): _____

OPTIONAL Emergency Contact Name: _____

Home Address: _____

City: _____ Postal Code: _____

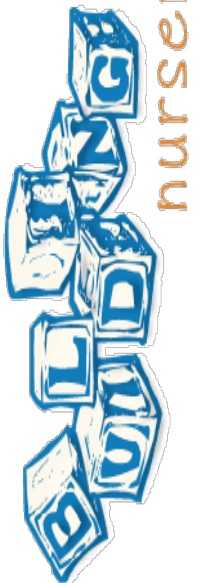
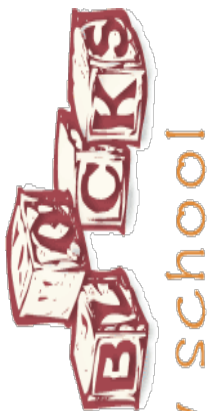
Contact Number (during child care): _____

Name(s) of person(s) child may be released to: _____

ALLERGIES: Written instructions concerning any special requirements in respect to diet: _____

Parents Signature: _____

registration form



- I agree to allow my child (Child's name) _____ outdoors on school property with his / her class under supervision.
- I agree to allow photographs of my child (Child's name) _____ for in-house use ie: school projects.
- I agree to allow photographs of my child (Child's name) _____ for social media use ie: Building Block's website or facebook page.
- I agree to allow my child (Child's name) _____ to use provided hand sanitizer under supervision.

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 non-refundable. 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 or 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, ON,
L6Z 1T8
Telephone: (905) 846-3305**

FOR OFFICE USE ONLY

_____ Date of admission

\$ _____
Registration Fee

_____ Date of withdrawal

Staff Signature: _____