

The Owl's Nest Preschool
582 Balsam Crescent, Oakbank MB
theowlsnestoakbank@gmail.com

Child Registration Form

Child's legal name :			Family health number :		
Preferred Name :			Personal health number :		
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth :	Doctor's name :		
Languages known/spoken :			Doctor's phone number :		
Mother/Guardian			Father/Guardian		
Name :			Name :		
Home Address :			Home Address :		
Home Phone :		Cell : <input type="checkbox"/> Text?	Home Phone :		Cell : <input type="checkbox"/> Text?
Email :			Email :		
Employer :			Employer :		
Work address :			Work address :		
Work phone :			Work phone :		
Work email :			Work email :		
Designated Emergency Contacts					
Designate 2 people we can contact/release the child to in the event the parents/guardians are unavailable					
Name:			Name:		
Home address:			Home address:		
Home phone:		Cell: <input type="checkbox"/> Text?	Home phone:		Cell: <input type="checkbox"/> Text?
Email:			Email:		
Employer:			Employer:		
Work address:			Work address:		
Work phone:			Work phone:		
Work email:			Work email:		

Approved people that have permission to pick up your child from Preschool	
Name:	Name:
Relationship to child:	Relationship to child:
Phone number:	Phone number:

Written Permission				
I have read the parent policy manual. I understand and agree to abide by these policies.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
I will notify the facility immediately of any changes to the information provided on this form.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
I give permission for indirect supervision as described in the parent manual.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No Not applicable
I give permission for photographing and videotaping for purposes described in the parent manual.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No Not applicable
I give permission to discuss relevant information about my child's day with preschool staff.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No Not applicable

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No Not applicable

☐ Yes ☐ No Not applicable

☐ Yes ☐ No Not applicable

Emergency Medical Transportation and Treatment	
If, at any time, medical treatment is necessary due to a serious injury or sudden illness, I authorize The Owl's Nest Preschool to take whatever emergency measures deemed necessary for the protection of my child while in the care of the preschool staff. I give permission for my child to receive medical attention deemed necessary by my child's doctor or other medical personnel. I understand that this may involve transportation to the hospital in a private vehicle or ambulance. I understand that the facility will make every attempt to contact me and that any expense incurred for such treatment, including ambulance fees, is my responsibility.	
Date	Date
Signature	Signature
Parent/Guardian name (please print)	Parent/Guardian name (please print)

For facility use:	Date of enrolment:	Date of withdrawal:
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Please indicate your preferred session: <input type="checkbox"/> Morning (8:45 – 11:45) <input type="checkbox"/> Afternoon (1:00 – 4:00)	
How did you hear about The Owl's Nest?	
The Owl's Nest appreciates when members of the community can volunteer their time to help out with our educational program. Would you like us to contact you if there's opportunities to volunteer in our program? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe	
I agree to receive news, updates and event information from The Owl's Nest by email <input type="checkbox"/> Yes <input type="checkbox"/> No	
Consent can be withdrawn at any time via email sent to theowlsnestoakbank@gmail.com	

When registering please provide the following:

Registration fees in the amount of \$50.00 payable by either e-transfer, cash or cheque to the following:

The Owl's Nest
Theowlsnestoakbank@gmail.com
 204-793-8314

Once registration and payment have been received, an email confirming your submission will be sent to the parent/guardian emails provided on the registration form.