

Emmanuel Preschool Registration Request

Today's date: _____ Requested Start Date: Sept. 2018 _____ Jan. 2019 _____
*see below *see below

Child's Name: _____ D.O.B. _____
first last mm/dd/year

Circle: Boy / Girl Child's age on Sept. 1, 2018: _____ months

Enrolling parent or contact: _____ Relationship: _____

Phone: _____ E-mail: _____

Address: _____ Postal Code: _____

Please check one:

This is a new registration: _____ (child has never attended Emmanuel Preschool)

This is a re- registration: _____ (child was registered at Emmanuel Preschool in 2017/18)

Does your child have sibling(s) who attended or are attending Emmanuel Preschool?

Yes / No Year: _____ Name(s) _____

Will your child require extra assistance in the classroom? _____

If yes, has Supported Child Care funding been arranged for your child: _____

Are other professionals involved in meeting your child's needs? _____

Class Preference: (Indicate 2nd choice only if either would be acceptable)

Monday/Wednesday/Friday _____

Tuesday/Thursday _____

Five Mornings per Week** _____

Church Affiliation: (if any) _____

*Please submit \$100 registration fee with this form. Children will not be placed in a class until we have received this fee. This amount will be refunded if we can't offer you a space in the class you selected. Otherwise, it is non-refundable. Half this amount will be applied towards your June tuition.

** If you would like to register for 5 mornings/week, the two classes are treated separately and therefore, the registration fee is \$100 for each class (ie. \$200).