

The Next Step Nursery School, Inc.

REGISTRATION FORM

Please print clearly

Date _____

Registered Session:

NRD _____

AM: Mon – Fri _____ MWTh _____ PM: Mon –Wed _____
MThF _____ MTW _____
TWF _____ TThF _____

Child's Name _____ Date of Birth: _____
Last First Middle Initial Day/Month/Year

Address _____ Postal Code _____

Phone Number _____ E-mail _____

Father _____ Work Number _____

Employer _____
Name Address

Mother _____ Work Number _____

Employer _____
Name Address

Child Lives With: Both Parents _____ Mother _____ Father _____

Sibling Information:

Name(s)	Birth Date(s)	School(s) Attending
_____	_____	_____
_____	_____	_____
_____	_____	_____

Vehicle Licence plate #'s 1 _____ 2 _____ 3 _____

Emergency contact person (other than parent)

Name _____ Phone Number _____

Address _____ Relationship to child _____

The following person(s) may, from time to time, transport my child(ren):

Name(s)	Relationship to child	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

MEDICAL INFORMATION

MHSC Registration Number _____ Personal Health I.D. Number _____

Doctor's Name _____ Phone Number _____

My child is medically immunized yes or no(circle)

Health issues the nursery school needs to be aware of (allergies, handicaps, medications):

A medical consent form is attached (only for life threatening allergies) _____

CONDITIONS OF REGISTRATION

EMERGENCY PROCEDURES

I recognize that accidents do happen, and acknowledge that **The Next Step Nursery School, Inc.** will not be responsible for any accident, injury or damage sustained by my child while in the care of **The Next Step Nursery School, Inc.** unless willfully or intentionally caused.

If my child becomes ill or is injured while at school, **The Next Step Nursery School, Inc.** will attempt to contact me or one of the other parents, guardians or contact persons named on the Registration Form. However, if such contact is not possible, and unless alternate instructions have been given by me, **The Next Step Nursery School, Inc.** is authorized to take my child to the Emergency Ward of the Victoria Hospital, where emergency treatment may be administered. If admission is required, my child may be transported to the Children's Hospital. Transportation of my child to any hospital or other medical facility may be by ambulance or taxi, as **The Next Step Nursery School, Inc.** deems appropriate in the circumstances, and I will be billed and agree to pay for any such ambulance or taxi services.

PHOTOGRAPHS

I understand that still photos, video and/or audio recordings of my child(ren) may be taken while participating in school activities and concerts. I give my permission for my child(ren) to be included in any such recordings, unless I provide **The Next Step Nursery School, Inc.** with written notice to the contrary.

FIELD TRIPS

I know that **The Next Step Nursery School, Inc.** plans to take its students on various field trips during the school year, and I approve of such events. Details of the outing, including the date, destination, mode of transportation and cost to parents will be given to me by way of monthly newsletters or specific memos sent home with my child(ren). I give my permission for my child(ren) to participate in all such field trips, playground trips or community walks unless I have contacted **The Next Step Nursery School, Inc.** prior to the scheduled event and have advised that my child is not permitted to attend.

My signature below indicates that all of the information set out in the Registration Form is correct, to the best of my knowledge, and that I acknowledge and agree to its terms and conditions.

Date

Signature of Parent/Guardian

Print Name