

La Salle Nursery School

43 Beaudry Road
La Salle, MB R0G 0A1

TEL: 204-250-9333

email: lasallenursery@gmail.com

REGISTRATION FORM

General Information

Last Name	<input type="text"/>	First Name	<input type="text"/>
Birthday	<input type="text"/>	Sex	<input type="text"/>
Program Start Date	<input type="text"/>	Program	<input type="text"/>

Contacts (Parent/Guardian)

Parent/Guardian Name	<input type="text"/>	Parent/Guardian Relationship	<input type="text"/>
Parent/Guardian Address	<input type="text"/>	Parent/Guardian Work Place	<input type="text"/>
Parent/Guardian Telephone (H)	<input type="text"/>	Parent/Guardian Email	<input type="text"/>
Parent/Guardian Telephone (W)	<input type="text"/>		
Parent/Guardian Telephone (C)	<input type="text"/>	Primary Caregiver	<input type="checkbox"/>
Parent/Guardian Resides With	<input type="checkbox"/>	Parent/Guardian Pick-up Authority	<input type="checkbox"/>
Parent/Guardian Emergency Contact	<input type="checkbox"/>	Parent/Guardian Restraining Order	<input type="checkbox"/>

Parent/Guardian	<input type="text"/>	Parent/Guardian Relationship	<input type="text"/>
Parent/Guardian Address	<input type="text"/>	Parent/Guardian Work Place	<input type="text"/>
Parent/Guardian Telephone (H)	<input type="text"/>	Parent/Guardian Email	<input type="text"/>
Parent/Guardian Telephone (W)	<input type="text"/>		
Parent/Guardian Telephone (C)	<input type="text"/>	Primary Caregiver	<input type="checkbox"/>
Parent/Guardian Resides With	<input type="checkbox"/>	Parent/Guardian Pick-up Authority	<input type="checkbox"/>
Parent/Guardian Emergency Contact	<input type="checkbox"/>	Parent/Guardian Restraining Order	<input type="checkbox"/>

Health/Medical Information

MHSC No	<input type="text"/>	PHN No	<input type="text"/>
Health Plan No	<input type="text"/>		
Primary Physician	<input type="text"/>	Other Physician	<input type="text"/>
Allergies/Medical Info	<input type="text"/>	Special Needs Diagnosis	<input type="text"/>

Sibling Information

Sibling Name (1)	<input type="text"/>	Sibling Age (1)	<input type="text"/>
Sibling Name (2)	<input type="text"/>	Sibling Age (2)	<input type="text"/>
Sibling Name (3)	<input type="text"/>	Sibling Age (3)	<input type="text"/>

Growth and Development

Toilet Help Information

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Playing Difficulties

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Friends

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Previous Care

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Consents Form

Student Last Name

Student First Name

Class Lists

La Salle Nursery School Inc. will develop class lists, phone numbers, and email addresses for parents' usage in order to arrange for play dates, parties, etc.

Because of privacy laws, in order to do this, we must get signed permission forms from parents first. These lists will only be given to the other parents in your child's class and will contain your child's name, parent's names, email addresses, and phone numbers only.

I agree to be on the class lists:

Date:

Signature:

Code of Conduct

I have read and agree with the Code of Conduct as presented in the La Salle Nursery School Parent Handbook's Appendix B.

I Read/Agree to Code of Conduct:

Date:

Signature:

Emergency

In case of any minor accident or illness reported to the teacher, first aid shall be rendered and parents will be notified if at all possible for further discretion.

I give permission for my child, in the case of emergency, to receive medical procedures deemed necessary by my physician or any other physician selected by the Facility. I understand that this will only happen after all attempts have been made to contact the parents and/or guardians, as listed in the registration forms at the facility.

I agree to emergency policy:

Date:

Signature:

Fee Payment Options

I understand the following in regards to the LSNS fees and payment options:

Nursery School sessions are \$10.40 per session. Once the school calendar is available fees are calculated and payment options are below.

\$50 non refundable Administration fee due at time of registration (cheque or cash)

Payment options:

- full payment in cash or cheque (cheques payable to LSNS)

- 10 postdated monthly cheques dated for the first of each month (Sept-June) (Cheques payable to LSNS)

- direct deposit (please fill out authorization form and provide a void cheque). Transfer will occur at the beginning of each month (Sept-June)

**spots will not be guaranteed until payment method has been received. Cheques must be received at the AGM in order to guarantee your spot or at time of registration after the AGM date.

I agree to the fee/payment options:

Payment Method:

Date:

Signature:

Field Trips

I give permission for my child to accompany the Facility on field trip outings within our community. I understand that these excursions on foot include neighborhood walks, visits to local parks, community stores, etc. I will be informed in advance of all such outings/field trips.

I consent to the field trip policy:

Date:

Signature:

Fundraising

I understand that the La Salle Nursery school is a Charitable Organization and relies on fundraising events to collect money required to operate and allows us to keep fees reasonable. Fundraising events change from year to year based on parent feedback. Oliver's Labels will continue to be an ongoing fundraiser. Parents involvement in fundraising events is greatly appreciated.

I understand the fundraising policy:

Date:

Signature:

Medicine

I will make every attempt to administer medication to my child at home. in the event that the medication needs to be administered during Nursery School hours, the following conditions will be respected: The medicine will be prescribed by a medical doctor, will be provided to a staff member in the original container with a legible prescription indicating the date, doctor's name, dosage and instructions. I will sign a further, more detailed medicine consent form at that time.

I consent to the medicine policy:

Date:

Signature:

Parent Handbook

La Salle Nusery School has gone "green". Our parent handbook is available online for you to read and download. At time of registration, you will be given a piece of paper directing you to the website and the code required for you to access parent information.

I agree to refer to the LSNS website and read the Parent Handbook and understand that it is my/our responsibility as parents to be aware of the policies and adhere to the

I agree to read/adhere to the Parent Handbook:

Date:

Signature:

Photo/Video

I give permission for the Facility's staff to take pictures/videos of my child(ren) for Facility use only. I understand that this includes the private nursery school Instagram account as well as photographs shared by email for special activities and events.

I consent to the photo/video policy:

Date:

Signature:

Practicum

I give permission for my child to be observed by students in fields relevant to the field of early childhood education if these observations are kept in confidence and used only as a means to fulfill their course requirements. These observations must be approved by the Facility.

I consent to the practicum policy:

Date:

Signature:

Release of Information

I authorize the release of any information or records requested by the staff of the Facility. This information will generally be requested from the program the child is transferring from or other professionals that are or have been involved with the child (ie. speech therapist, occupational therapist, kindergarten teachers, etc.).

I consent to the Release of Information policy:

Date:

Signature:

Withdrawal

I am aware that I must give four weeks written notice or one month registration fees in lieu of notice in the event of withdrawal at any time throughout the school year. Cancellation or withdrawal may be charged a \$10.00 non-refundable fee. Special consideration is given to new children or to 3 year olds in September who withdraws for various reasons.

I consent to the withdrawal policy:

Date:

Signature:

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OTHER CONTACTS FORM

Student Last Name

Student First Name

Other Contact Information #1

Other Contact Name

Other Contact Relationship

Other Contact Address (1)

Other Contact Work Place

Other Contact Telephone (H)

Other Contact Email

Other Contact Telephone (W)

Other Contact Telephone (C)

Resides With

Pick-Up Authority

Emergency Contact

Restraining Order

Other Contact Information #2

Other Contact Name

Other Contact Relationship

Other Contact Address

Other Contact Work Place

Other Contact Telephone (H)

Other Contact Telephone (W)

Other Contact Telephone (C)

Resides With

Pick-up Authority

Emergency Contact

Restraining Order