

FUN School**44 Port Street West, Mississauga, Ontario L5H 1C9****(905)274-4FUN****FAX: (905)274-9935****website: www.fun-school.ca****email: funschool@bellnet.ca****Kindergarten Registration Form 2008-2009****School Hours:** 9:00 am to 11:50 am Late fees charged after 11:55

1:00 pm to 3:50 pm Late fees charged after 3:55

Holidays:

All public school holidays will be observed, except PD Days

Transportation:

Parents are responsible for arranging their own child's transportation

Name of Child: _____ **Sex:** _____
Surname _____ Given Name _____ Middle Name _____**Complete Home Address:** _____
No. _____ Street Name _____ City _____ Postal Code _____**Telephone:** _____ **Date of Birth:** _____ / _____ / _____
DD MM YY**Parent(s) or Guardian:** 1) _____ 2) _____**Mother's Place of Business:** _____**Business Address:** _____
No. _____ Street Name _____ City _____**Work Phone:** _____ **Cell Phone:** _____**Father's Place of Business:** _____**Business Address:** _____
No. _____ Street Name _____ City _____**Work Phone:** _____ **Cell Phone:** _____**Mother/Father's Home Address:** _____ **Telephone:** _____
(If different from above)**Brothers/Sisters:** _____
(names and ages)

*One month's fee plus non-refundable registration fee (payable with registration form) is required at time of registration: \$30 per family; \$25 for returning families. The registration fee allows you to become a voting member of FUN School. If withdrawing a child, 30 days written notice must be given. Before a child begins attending school it is required that a photocopy of an up to date record of immunization be submitted.

PLEASE SEE ATTACHED FEE SCHEDULE AND DAYS REQUIRED

Please list people authorized to pick up your child, in an emergency or otherwise, (in addition to Mother and Father). If any person, other than those listed below is to pick up your child, we must be notified by telephone and by a written/email message. The person picking up your child will be asked for identification. If we are not notified we cannot allow your child to leave the centre.

****We require at least one emergency contact at time of registration****

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

(Please include cell and work numbers where appropriate.)

I give Permission to transport my child to hospital? Yes _____ No _____

Child's Doctor: _____ Phone: _____

Doctor's Complete Address: _____
No. _____ Street Name _____ City _____ Postal Code _____

Does your child have any Allergies, food restrictions, special medical or additional information? Yes _____ No _____

If yes, please state:

Has an Epi-Pen been prescribed? Yes _____ No _____

Has your child had any communicable diseases? Yes _____ No _____ If yes, please list:

Do you have any concerns regarding your child's development (i.e. Speech, behaviour etc.)?

Yes _____ No _____ if yes, please state: _____

If at any time medical treatment is required due to such circumstances as accident, emergency, or sudden illness, treatment may be given if necessary, by a private physician or hospital. I understand that any expense incurred for such treatment is my responsibility. I have provided the above confidential information for the staff of FUN School to use in an emergency situation. I understand it is my responsibility to update this information, if any changes occur. I agree to inform the Director of FUN School of any changes in writing.

Would you like to receive information from the school electronically? Yes _____ No _____. If yes,

please include your email address even if it is on last year's form: _____

Parent Signature: _____ **Date:** _____

For Office Use Only	Withdrawal Date:
Admission Date:	Registration Fee Amount:
Immunization Received:	September fee amount:
Allergy Survey:	Total Received:
Withdrawal Form Received:	Method of Payment: DD or Post Dated
Consent Form Received:	Bus Permission form signed:
Anaphylaxis Policy required: Yes / No	Classroom Emergency Copy: