

## FUN School

44 Port Street West, Mississauga, Ontario L5H 1C9  
(905)274-4FUN FAX: (905)274-9935

website: [www.fun-school.ca](http://www.fun-school.ca)  
email: [funschool@bellnet.ca](mailto: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**

***\*\*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.)**

Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

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 \_\_\_\_\_

Do you have any concerns regarding your child's development (i.e. Speech, behaviour etc.)?  
Yes \_\_\_ No \_\_\_ if yes, please state: \_\_\_\_\_

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: