

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

PRESCHOOL Registration - School Year 2008 - 2009
(Children born in 2005)

School Hours: Regular 9:00 am - 11:20 am or Extended to 11:50 am Late fees charged after 11:25/11:55
 Regular 1:00 pm - 3:20 pm or Extended to 3:50 pm Late fees charged after 3:25/3:55

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

Home Address: _____
 No. _____ Street Name _____ City _____ Postal Code _____

Telephone: _____ Date of Birth: _____ / _____ / 2005
 DD / MM / YY

Parent(s) or Guardian: 1) _____ 2) _____

Mother's Place/Name of Business: _____

Business Address: _____
 No. _____ Street Name _____ City _____

Work Phone: _____ Cell Phone: _____

Father's Place/Name of Business: _____

Business Address: _____
 No. _____ Street Name _____ City _____

Work Phone: _____ Cell Phone: _____

Mother/Father's Home Address: _____ Telephone: _____
 (If different from above) _____ (If different from above) _____

Brothers/Sisters: _____
 (names and ages) _____

Preschool Program 2, 3, 4, or 5 days		Monthly Fees*	
Mornings	Afternoons	Regular Hours 9:00-11:20/1:00-3:20	Extended Hours 9:00-11:50/1:00-3:50
2 - Please select M T W Th F	2 - Please select M T W Th F	\$112	\$130
3 - Please select M T W Th F	3 - Please select M T W Th F	\$168	\$195
4 - Please select M T W Th F	4 - Please select M T W Th F	\$215	\$255
5 - Please select M T W Th F	5 - Please select M T W Th F	\$260	\$305

*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 will be necessary for the parent to submit a photocopy of an up to date record of immunization.

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 an email\ written 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.)

Is child toilet trained? Yes _____ No _____ Permission to transport my child to hospital? Yes _____ No _____

Child's Doctor: _____ Phone: _____

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

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: (i.e. chicken pox)

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:	Classroom Emergency Copy:
Anaphylaxis Policy required: Yes / No	