

Aa Bb Cc Dd Ee Ff Gg Hh Ii Jj Kk Ll Mm



JOY PRESCHOOL

A Ministry of CALVARY BAPTIST CHURCH
300 Rossland Road East
Oshawa, ON L1G 2X1

Tel: (905)433-2960 – Fax: (905) 433-4734
e-mail: joy@calvary.on.ca

Date: _____
Time: _____

2010 – 2011 REGISTRATION FORM

Program for which you are registering: _____ 3 yr old Tuesday & Thursday
_____ 3 yr old Wednesday & Friday
_____ 3yr old Tuesday– Friday
_____ JK/SK Mon-Fri P.M.

Child's Name _____
First Last

Birthdate _____ Sex _____

Street Address _____

City _____ Postal Code _____ Telephone _____

Mother's Name: _____
First Last

Address (if different from above) _____

Father's Name: _____
First Last

Address (if different from above) _____

Business Phones : _____
Mother Father

Cell Phone or Pager: _____

Parents Workplace: _____

Workplace Address: _____

MEDICAL INFORMATION

Child's Physician _____ Phone Number _____

Address _____ City _____

Does Your Child Have:

1. Any special requirements for diet , rest or exercise? _____

2. History of communicable diseases?

3. Allergies?
Drugs _____
Insect Bites _____
Food _____
Other (Please specify) _____

Does your child have specific reactions to this allergy? E.g. Rash, anaphylactic reaction etc.

4. Does your child have asthma? _____
Will your child need inhalers during school? _____

CHILD'S DEVELOPMENT

1. Are there other members of the household? If so, please list name and relationship.

2. Do you have any concerns about your child's development?

3. Has your child had group play experience? Please describe.

4. What do you hope to see included in your child/s pre-school program?

PICK UP INFORMATION

Persons authorized to pick up your child if you are unable to do so. (Please list names other than parents.)

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

EMERGENCY INFORMATION

Persons other than parents to be notified in case of emergency. These people would be contacted if we cannot reach the parents first. Two different names and numbers are required.

1. Name _____ Relationship _____

Street Address _____

City _____ Postal Code _____ Telephone _____

2. Name _____ Relationship _____

Street Address _____

City _____ Postal Code _____ Telephone _____

REGISTRATION AND FEES

The cost for your child to enter Joy Preschool is as follows:

- 1. Registration Fee: A registration fee of \$40.00 per child is required to save a spot for your child in the program. This fee is non-refundable.
- 2. Monthly Fees: We ask that parents give post-dated cheques at the beginning of school in September. These cheques are to be dated for the first of each month from September to June of the following year. The June payment is \$40.00 less than the other nine payments because you have already paid \$40.00 for registration.
- 3. Program Fees:
 - 3 year old class: 2 mornings/week \$130.00 per month with the June payment being \$90.00
 - 3 year old class: 4 mornings/week - \$250.00 per month with the June payment being \$210.00
 - JK/SK Kindergarten (Mon. to Fri. P.M.) : \$265.00 per month with the June payment being \$225.00

NOTE Cheques should be made payable to **CALVARY BAPTIST CHURCH**

PARENT'S SIGNATURE

DATE

For Office Use Only

Start Date: _____

Amount Received _____ Cheque # _____ Cash _____

Registration Receipt Given (date) _____ Receipt Number _____

Authorized Signature _____ Date _____

Withdrawal Date (if earlier than June, 2011) _____

Parent Manual Given (Date) _____

End of Year Receipt 2010: Date _____ Receipt Number _____

End of Year Receipt 2011: Date _____ Receipt Number _____