



STUDENT REGISTRATION FORM

School Term _____ to _____

Full Time <input type="checkbox"/>	(Monday thru Friday)	Mornings <input type="checkbox"/>	Afternoons <input type="checkbox"/>
Part Time <input type="checkbox"/>	Tues/Thurs <input type="checkbox"/>	Mon/Wed/Fri <input type="checkbox"/>	Mornings <input type="checkbox"/>
			Afternoons <input type="checkbox"/>

PLEASE PRINT CLEARLY

STUDENT INFORMATION:

Name _____

(Usual first name)

(Last name)

Street Address _____

City /Town _____ Postal Code _____

Home Phone (_____) _____ Date of Birth ____/____/____
(day/month/year)

Parent/Guardian Name _____

Employer's Name _____

Employer's Address _____ Phone (_____) _____

Cell Phone (_____) _____ Email Address _____

Parent/Guardian Name _____

Employer's Name _____

Employer's Address _____ Phone (_____) _____

Cell Phone (_____) _____ E-mail Address _____

of children in family _____ Ages of other children _____

Have other family members attended the co-op? _____ If yes, when? _____

How did you hear about Grimsby Co-Operative Preschool? _____

Emergency Contacts (Please list someone close by, other than a parent)

Name _____ Phone _____ Cell Phone _____

Address _____ Relationship to child _____

Name _____ Phone _____ Cell Phone _____

Address _____ Relationship to child _____

MEDICAL INFORMATION AND ANY ANOTHER INFORMATION WE SHOULD BE AWARE OF ABOUT YOUR CHID

Medical Condition: (Serious medical alerts, chronic illnesses, allergies and treatment or medication needed should be noted.) _____

Doctor's Surname _____ First Name _____

Doctor's Address _____ Doctor's Phone No. (_____) _____

PRIVACY POLICY

Please be advised that it is our policy to collect personal information for the preschool purposes only. We do not sell, lend, or copy this information to any individual or corporation outside of the preschool. All collected information is kept by your Executive Committee, and discarded in an appropriate manner.

