



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)

Mother's Name _____

Employer's Name _____

Employer's Address _____ Phone (_____) _____

Cell Phone (_____) _____ **Email Address** _____

Father's Name _____

Employer's Name _____

Employer's Address _____ Phone (_____) _____

Cell Phone (_____) _____ **E-mail Address** _____

Notes: _____

of children in family _____ Ages of other children _____

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

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

Name _____ Phone _____ Cell Phone _____

Address _____ Relation _____

Name _____ Phone _____ Cell Phone _____

Address _____ Relation _____

MEDICAL INFORMATION

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. (_____) _____

FREEDOM OF INFORMATION

In order for the school to release personal information, we must comply with the provisions of the **Municipal Freedom of Information/Protection of Privacy Act**, 1990.

Do you consent to the student's name, photograph, video image and/or accomplishments being released:

In school publications (newsletters, yearbooks, etc)? Yes No

To the media? (Radio, TV, Newspapers)? Yes No

As a co-op, all members of the school must assume some responsibility, either as a committee member or in an executive capacity. Please indicate below the area(s) in which you prefer to assist. We cannot guarantee which committee you will be on.

____ Maintenance

____ Social/special events

____ Craft/telephone

____ Fundraising

____ Newsletter ____

Executive Position _____

1. I understand the required duties of members of the Grimsby Co-operative Preschool include:
 - A) Participating in fundraising activities;
 - B) Working on school committees or in an executive position;
 - C) Mandatory attendance at general meetings;
2. I agree to pay the monthly fees in advance by post-dated cheques or automatic bank withdrawals payable to the *Grimsby Co-operative Preschool Inc.* dated for the first day of each month.
3. Notice of student withdrawal must be given in writing 14 days in advance.
4. I agree to obtain a Criminal Reference Check from the Niagara Regional Police Department for anyone wanting to volunteer at the preschool.
5. **I agree to pay the required \$30 annual registration fee enclosed here within.**

Please ensure that the following documents are enclosed when submitting this registration form: If the required documents are not provided, your application for registration may be held up and your spot may be given to someone else.

(Please initial on each line below)

_____ \$30 registration fee

_____ Parent consent form (x2)

_____ Health Form

_____ Immunization form (x2)

_____ I have read, understand and agree to the Co-operative Ground Rules

_____ I have read, understand and agree to the Behaviour Management Procedures

_____ I have read, understand and agree to the Method of Managing Misbehaviour

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.

Signature of Mother

Signature of Father

Signature of Legal Guardian

Date: _____