

CHERRY LANE PRESCHOOL

Registration

CONFIDENTIAL

CHILD'S NAME:	FIRST / LAST		
DATE OF BIRTH:	MONTH / DAY / YEAR	MALE	FEMALE
ADDRESS:			
	CITY	PROVINCE	POSTAL CODE
HOME PHONE:			

MOTHER'S NAME:	FIRST / LAST	OCCUPATION:
		WORK PHONE:
		MOTHER'S CELL:
FATHER'S NAME:	FIRST / LAST	OCCUPATION:
		WORK PHONE:
		MOTHER'S CELL:

OFFICE USE ONLY

Enrolling for the year: _____ Class Enrolled: 4 yr olds * 3 days AM MON WED FRI \$ 135.00 4 yr olds * 3 days PM MON WED FRI \$ 135.00 3 yr olds * 2 days AM TUES THURS \$ 100.00 3 yr olds * 2 days PM TUES THURS \$ 100.00	Registrar: _____ Accountant: _____ Student Record: _____ Photocopy to Preschool: _____
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IF OTHER THAN PARENTS

GUARDIAN'S NAME:	FIRST / LAST	OCCUPATION:
		WORK PHONE:
ADDRESS:		HOME PHONE:
		CELL PHONE:

IF THERE IS A CUSTODY AGREEMENT

CUSTODY AGREEMENT:	GIVE DETAILS / ATTACH PAPERS IF NECESSARY
PERSONS AUTHORIZED TO PICK UP CHILD:	<ol style="list-style-type: none"> 1. 2. 3. 4.

EMERGENCY CONTACTS:	NAME:
	RELATIONSHIP:
	PHONE:
	NAME: RELATIONSHIP: PHONE:
	NAME: RELATIONSHIP: PHONE:

IF OTHER CHILDREN LIVING AT HOME

NAME: AGE: RELATIONSHIP:	
NAME: AGE: RELATIONSHIP:	
NAME: AGE: RELATIONSHIP:	

Do you attend church?	
Name of church:	
How did you hear about our preschool?	
Who looks after your child during the day?	
Does your child have any special interests?	
Do you have other children attending Regent Christian Academy?	

SOCIAL & EMOTIONAL DEVELOPMENT

Does your child prefer to play: alone, with playmates, siblings, adults.

Has your child had previous group experience with: daycare, preschool, Sunday school.

Does your child have any: fears, anger easily, prefer to be alone.

What is your child's energy level: high, average, below average.

GUIDANCE & BEHAVIOUR

How would you judge your child to be: easily managed, fairly managed, difficult to.

Do you have any concerns about your child's present behaviour?

What are you expecting your child to learn at preschool?