

South Calgary Community Preschool

Jesus said "Let the children come unto me..." Matthew 19:14

Owned and Operated by South Calgary Community Church

2900 Cedarbrae Drive S.W. Calgary, Alberta T2W 3S9 403.281.6755

WEBSITE: www.sccpreschool.ca

For Office Use Only:

Date Rec'd:

Reg. Deposit Rec'd:

Acceptance Sent:

REGISTRATION FORM – 2023/2024 School Year

3/4 Year Old 3 day/week AM Program

CHILD'S LEGAL NAME _____

Date of Birth: day _____ month _____ year _____

Gender (Circle): M / F

Address _____

City/Postal Code _____

Family Phone # _____

Family Email _____

(We use this to send out monthly newsletters and to keep you up to date with what is going on in the program.)

PARENT/GUARDIAN

Name _____

Address (if different from child)

Occupation _____

Place of Work _____

Work # _____

Cell # _____

Email _____

PARENT/GUARDIAN

Name _____

Address (if different from child)

Occupation _____

Place of Work _____

Work # _____

Cell # _____

Email _____

Are both parents/guardians authorized to pick up your child? Yes No If no, please provide details:

Is there a custody order in place? Yes No If yes, please explain and **provide a copy of the order:**

EMERGENCY CONTACT(S) – must be someone other than a parent.

Name _____

Name _____

Address _____

Address _____

Phone # _____

Phone # _____

Relationship to child _____

Relationship to child _____

Name and age of siblings:

Names of others living in the home:

Relationship to Child:

Language(s) your child speaks at home: _____

ADULTS AUTHORIZED TO PICK UP YOUR CHILD (other than a parent/guardian):

Name _____

Name _____

Address _____

Address _____

Phone # _____

Phone # _____

Relationship to child _____

Relationship to child _____

How did you hear about South Calgary Community Preschool?

Did anyone refer you to South Calgary Community Preschool? Yes No

Name: _____

PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT YOUR CHILD:

1. Fears: _____

2. Favorite Activities: _____

3. Any previous experience away from home? (Preschool, Daycare, Music, Dance, Day-home, Sunday School)

Yes

No

If yes, please describe (activity, where & when attended):

4. Does your child separate easily from you? Yes No

5. What characteristics in your child's development would you like encouraged?

Discouraged?

6. Anything else you would like us to know about your child:

NOTE: Your child MUST be toilet trained before starting school.

I fully understand that **South Calgary Community Preschool** will take every precaution to ensure the safety of my child(ren), but cannot be held responsible for personal loss or injury.

Signature of Parent/Guardian _____

Date _____

PLEASE NOTE: All information must be completed in FULL. Please indicate N/A to questions that do not pertain to your child.