

Steinbach Christian Preschool

Registration form

Registration fee pd \_\_\_\_\_

**STEINBACH CHRISTIAN PRESCHOOL**

2016 - 2017 SCHOOL TERM



a ministry of the  
Emmanuel Evangelical  
Free Church

Monday/Wednesday AM 3yrs \_\_\_\_\_ Monday/Wednesday AM 4yrs \_\_\_\_\_  
 Monday/Wednesday PM 4yrs \_\_\_\_\_ (2 classes)  
 Tuesday/Thursday AM 3 yrs \_\_\_\_\_ Tuesday/Thursday AM 4yrs \_\_\_\_\_  
 Tuesday/Thursday PM 4 yrs \_\_\_\_\_ (2 classes)

**Friend**

**Requests:** \_\_\_\_\_

We do our best to accommodate these requests, but cannot promise that they will all be honored.

**Child's Name:** \_\_\_\_\_ (male \_\_\_ female \_\_\_) **Birthdate:** \_\_\_\_\_  
 (month /day /year)

**Street Address:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City/Town** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Parents/guardians: Mother's name:** \_\_\_\_\_ **Mother's phone:** \_\_\_\_\_  
 Mother's place of employment: \_\_\_\_\_ phone: \_\_\_\_\_

**Father's name:** \_\_\_\_\_ **Father's phone:** \_\_\_\_\_  
 Father's place of employment: \_\_\_\_\_ phone: \_\_\_\_\_

**Email address:** \_\_\_\_\_

Please check: Married ( ) Separated ( ) Divorced ( ) Single ( ) Common-law ( )

**Home Church:** \_\_\_\_\_

**PARENT DESIGNATE:** who may be contacted in the event of an emergency if BOTH parents are not available:

**Name:** \_\_\_\_\_ **Phone#** \_\_\_\_\_

Is this child in the care of a foster agency? Yes \_\_\_\_\_ No \_\_\_\_\_

<b>Name of agency:</b>		<b>Name of Social Worker:</b>	
<b>Office Address:</b>			
<b>City:</b>		<b>Postal Code:</b>	
<b>Phone:</b>	<b>Fax:</b>	<b>Email:</b>	

Steinbach Christian Preschool

Names of individuals to whom your child may be released for pick-up from Preschool:  
(other than parents):

Name: \_\_\_\_\_ Ph#: \_\_\_\_\_

Name: \_\_\_\_\_ Ph#: \_\_\_\_\_

Name: \_\_\_\_\_ Ph#: \_\_\_\_\_

Name: \_\_\_\_\_ Ph#: \_\_\_\_\_

Name: \_\_\_\_\_ Ph#: \_\_\_\_\_

Name: \_\_\_\_\_ Ph#: \_\_\_\_\_

Medical Consent Form

In the event that my child is ill or injured, and I cannot be reached, I give consent for the Steinbach Christian Preschool provider to refer my child to the family physician. If the physician cannot be reached, I give my consent to have my child taken to the Emergency Department of the hospital listed below.

**Child's Name:** \_\_\_\_\_

**Birthdate:** \_\_\_\_\_

**MEDICAL CONDITIONS:** please list any, physical, developmental or emotional conditions relevant to the care of your child: \_\_\_\_\_

Home Street Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Family Physician: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Physician's Phone Number: \_\_\_\_\_

Hospital Name: \_\_\_\_\_

Manitoba Health Family ID #: \_\_\_\_\_

Manitoba Health Individual 9-digit #: \_\_\_\_\_

Child's allergies to medication: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Social Worker Signature (if applicable) \_\_\_\_\_ Date: \_\_\_\_\_

## Medical Questionnaire

Child's Name: \_\_\_\_\_

Please complete the following. Specify **Yes if Doctor or Physician diagnosed.**

1. Life Threatening Allergies  Yes  No  
If yes please specify allergy/allergies:  
\_\_\_\_\_  
\_\_\_\_\_

2. Epipen/auto-injector prescribed  Yes  No

3. Epipen/auto-injector provided to the centre  Yes  No

4. Asthma  Yes  No

5. Inhaler provided to school  Yes  No

6. Bleeding Disorder  Yes  No

7. Diabetes  Yes  No

8. Heart Condition  Yes  No

9. Seizure Condition  Yes  No

10. Other significant conditions that are Physician diagnosed (examples: ulcerative colitis, crohns, transplants, spina-bifida, permanent physical limitations, etc)  
\_\_\_\_\_  
\_\_\_\_\_

This medical information is being collected so that an appropriate individual health care plan may be developed. The Steinbach Christian Preschool will share this above information with URIS (unified referral and intake system) if your child has anaphylaxis or a severe medical condition. This program is a partnership between Health, Family services and Housing, Education and Youth.

Parental Child Custody

Family Services requires SCP to have a copy of any court documentation regarding child custody. If this applies to your circumstances please make sure the appropriate paper work is attached.

No, this does not apply to our family.

Yes, this applies to our family and the appropriate documents are attached.

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Parent Policy Consent

I have read and understand the information and procedure as outlined in the Parent Policy Statement.

Name: \_\_\_\_\_

Parent/guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Social Worker Signature (if applicable) \_\_\_\_\_ Date: \_\_\_\_\_