

Steinbach Christian Preschool

Registration form

\$30 Registration fee payable to SCP _____ VOID chq provided _____



STEINBACH CHRISTIAN PRESCHOOL
2019- 2020 SCHOOL TERM

a ministry of the
Emmanuel Evangelical
Free Church

Monday/Wednesday AM 3yrs _____ Monday/Wednesday AM 4yrs _FULL_
Monday/Wednesday PM 4yrs _____ (2 classes)
Tuesday/Thursday AM 3 yrs _____ Tuesday/Thursday AM 4yrs____
Tuesday/Thursday PM 4 yrs FULL_ (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: _____
(will be used to communicate announcements and monthly calendars)

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# _____

Do you have any concerns regarding your child's development?

- Attention span
- speech
- other _____
- Interaction with others
- aggression

If yes, please explain _____

I understand that my child needs to be **fully potty trained** to start preschool _____

Steinbach Christian Preschool

Is this child in the care of a foster agency? Yes____ No ____

| | | | |
|-----------------|------|------------------------|--|
| Name of agency: | | Name of Social Worker: | |
| Office Address: | | | |
| City: | | Postal Code: | |
| Phone: | Fax: | Email: | |

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.

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

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

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.

Steinbach Christian Preschool
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: _____