

IKEBATA NURSERY SCHOOL REGISTRATION FORM

Desired Starting Date _____

FOR OFFICE USE ONLY

Date of Admission _____

Date of Discharge _____

FOR OFFICE USE ONLY

Registration fee received by: Ca Ch Amount: \$ _____

Date received: _____ Staff received: _____

Security Deposit received by: Ca Ch Amount: \$ _____

Date received: _____ Staff received: _____

Child's Name (First, Middle, Last) _____

Japanese writing (if applicable) (日本語での表記法: 漢字・平仮名・カタカナ) _____

First and last names to be used at the nursery _____

Birth Date Y/ _____ M/ _____ D/ _____ Male Female Home Phone () _____

Child's Home Address _____ City/Postal Code _____

Guardian Information

***Please write a number beside each phone number to indicate which number to call 1st, 2nd, 3rd, etc. in case of an emergency.**

Relationship to Child: Mother Father Stepmother Stepfather Other _____

Name _____ Home Phone () _____

Home Address _____ City/Postal Code _____

Business Name _____ Business Phone () _____

Cell Phone () _____ Email address _____

Guardian Information

***Please write a number beside each phone number to indicate which number to call 1st, 2nd, 3rd, etc. in case of an emergency.**

Relationship to Child: Mother Father Stepmother Stepfather Other _____

Name _____ Home Phone () _____

Home Address _____ City/Postal Code _____

Business Name _____ Business Phone () _____

Cell Phone () _____ Email address _____

Emergency contact: Please name two people we may call in case of an emergency if you cannot be reached.

1st name _____ Relationship to child _____

Address _____ Telephone no. _____

2nd name _____ Relationship to child _____

Address _____ Telephone no. _____

Authorized person(s) who may pick up child other than the parents _____

Requested Attendance Days:

Extended Hours Required:

Full time (5days/wk)

No (8:30am – 4:00pm)

Part time (2 or 3days/wk)

Yes (7:45am - 6:00pm)

Monday

Tuesday

Wednesday

Thursday

Friday

Any day

*** A non-refundable registration fee of \$75 is required with the Application form.**

***Please note that to be on the waiting list does NOT guarantee your spot for the desired starting date.**

***No Half-day programs nor 1day/wk program are offered due to a limited capacity.**

Doctor's Name _____ Phone () _____

Address _____

*If your child does not have an Ontario Health Card, please fill out the following information:

Health Insurance Policy No. _____

Name of the Insurance Co. _____

Copy of Immunization record OR Exemption of Immunization for the following reasons (in which case an Affidavit form is required): Medical Religious Other _____

Any Allergies / Food Restrictions? No Yes If yes, also specify on the separate allergy info form.

Previous history of communicable disease _____

Special Medical or other Important Information _____

Is your child currently attending any other schools/programs?

No Yes If yes, please write the school/program name(s) _____

Does your child have any friend(s) who are currently attending Ikebata Nursery School?

No Yes If yes, please write the friend's name(s) _____

Is there anything else you can think of that would help us to know and understand your child better?
(Physical abilities, personality, characteristics, eating habits, sleeping habits, likes and dislikes, etc.)

PARENT'S MEDICAL AND GENERAL CONSENT

- I hereby state that all information is true and correct to the best of my knowledge.
- I have read and understood the Ikebata Nursery School Parent Handbook, and I understand that it is my responsibility to follow through with the Nursery Policies at all times.
- I hereby give consent to Ikebata Nursery School to have my child transport to the hospital by ambulance, examined and treated by a physician in case of a serious occurrence.
- I hereby give permission for my child to take part in any outing planned and supervised by Ikebata Nursery School staff. (A detailed consent form will be provided for all field trips to be signed by parents/caregivers.)
- If for some reason it becomes necessary to withdraw my child, a minimum notice of 4 weeks is required OR 4 week's fee in lieu of notice.

Parent's signature _____ Date _____

- We introduce photos of the children in their daily activities & special events on our website and on the internet. Please sign below for a permission to have your child's photos appear on our website: www.ikebatanursery.com as well as websites which introduce our school.

YES, I hereby give permission for my child's photos to appear on Ikebata Nursery School's Homepage and on other websites that introduces Ikebata Nursery school.

NO, I do not wish for my child's photos to appear on Ikebata Nursery School's Homepage nor other websites that introduces Ikebata Nursery School.

Parent's signature _____ Date _____