

IKEBATA NURSERY SCHOOL REGISTRATION FORM

Desired Starting Date _____

FOR OFFICE USE ONLY

Registration Form received on: _____

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

Date received: _____ Staff received: _____

FOR OFFICE USE ONLY

Date of Admission _____

Date of Discharge _____

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

Japanese writing (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 _____

Company Name (勤務先) _____ Business Phone () _____

Cell Phone () _____ Email _____ ML

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 _____

Company Name (勤務先) _____ Business Phone () _____

Cell Phone () _____ Email _____ ML

Emergency contact: Please name Two Authorized persons (other than the parents) whom we may call and ask to come and pick up your child in case you cannot be reached *Authorized person(s) must live/work within GTA area.

1st name _____ Relationship to child _____

Address _____ Telephone no. _____

2nd name _____ Relationship to child _____

Address _____ Telephone no. _____

Requested Attending Days:

Program Hours Required:

Full time (5days/wk)

Regular (8:45am – 3:45pm)

Part Time (2days/wk)
*Tuesday & Thursday

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

Part Time (3days/wk)
*Monday, Wednesday, Friday

*A non-refundable enrolment fee of \$85 is required at the time of enrolment.

*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. _____

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

Special Medical or other Important Information _____

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 _____

CHILDREN'S PHOTOS/VIDEOS CONSENT

We post children's photos & videos on the internet to introduce/share some of the daily & special activities at Ikebata Nursery School. Please sign below for permission to have your child's photos/videos to be posted on the internet on the following condition:

- YES**, I hereby give permission for my child's photos to be published on the internet.
(For example: Ikebata Nursery School's Homepage, Websites that introduces about Ikebata Nursery School) as well as on the "Password Protected" web pages such as Google Photos & Blog. **OR**
- YES**, I hereby give permission for my child's photos/videos to be posted on Ikebata Nursery School's "Password Protected" web pages only, such as Google Photos & Blog. **OR**
- NO**, I do not want my child's photos/videos to be posted on ANY of the above mentioned websites.

Parent's signature _____ Date _____