

## Emmanuel Preschool Registration Request

Today's date: \_\_\_\_\_ Requested Start Date: Sept. 2017 \_\_\_\_\_ Jan. 2018 \_\_\_\_\_  
\*see below \*see below

Child's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
first last mm/dd/year

Circle: Boy / Girl Child's age on Sept. 1, 2017: \_\_\_\_\_ months

Enrolling parent or contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Please check one:

This is a new registration: \_\_\_\_\_ (child has never attended Emmanuel Preschool)

This is a re- registration: \_\_\_\_\_ (child was registered at Emmanuel Preschool in 2016/17)

Does your child have sibling(s) who attended or are attending Emmanuel Preschool?

Yes / No Year: \_\_\_\_\_ Name(s) \_\_\_\_\_

Will your child require extra assistance in the classroom? \_\_\_\_\_

If yes, has Supported Child Care funding been arranged for your child: \_\_\_\_\_

Are other professionals involved in meeting your child's needs? \_\_\_\_\_

Class Preference: (Indicate 2<sup>nd</sup> choice only if either would be acceptable)

Monday/Wednesday/Friday \_\_\_\_\_

Tuesday/Thursday \_\_\_\_\_

Five Mornings per Week\*\* \_\_\_\_\_

Church Affiliation: (if any) \_\_\_\_\_

\*Please submit \$100 registration fee with this form. Children will not be placed in a class until we have received this fee. This amount will be refunded if we can't offer you a space in the class you selected. Otherwise, it is non-refundable. Half this amount will be applied towards your June tuition.

\*\* If you would like to register for 5 mornings/week, the two classes are treated separately and therefore, the registration fee is \$100 for each class (ie. \$200).