



## Living and Custody Arrangements

Child lives with: Parent1 Parent 2 Both Other (describe: \_\_\_\_\_)

If applicable, are there any, documents setting out custody arrangements/separation agreements/court orders for the child? Yes\_\_ No\_\_

Have copies been provided to the school Yes\_\_ No \_\_ Will be provided \_\_ Will not be provided \_\_

Are you aware that Oak Street Nursery School cannot enforce custody arrangements if documents are not provided Yes\_\_\_\_ No\_\_\_\_

If applicable are there any informal custody arrangements? Please describe \_\_\_\_\_

Describe any physical, developmental, emotional or medical conditions relevant to the care of your child. Please be specific and give suggestions about how we can best accommodate these needs. Feel free to include additional paper if more space is required.

Does your child have allergies to food, animals, medication, etc? Yes \_\_ No \_\_

Describe \_\_\_\_\_

If so, are the allergies life-threatening? Yes \_\_ No \_\_ (please ask school for URIS forms upon registration re. asthma and allergies)

Describe \_\_\_\_\_

Are there any cultural, religious or personal requirements or restrictions that we should be aware of? Yes\_\_ No \_\_

Describe \_\_\_\_\_

**Toilet Learning** ~ Please check all that apply to your child's present stage

completely capable of using toilet \_\_\_\_\_ asks to use the toilet \_\_\_\_\_ will use the toilet if taken \_\_\_\_\_  
will not use the toilet yet \_\_\_\_\_ in diapers at all times \_\_\_\_\_ in underwear during the day \_\_\_\_\_

Is there any other information that may help us facilitate your child's transition into the nursery school? (special interests, specific likes/dislikes, major changes within the family, etc?) \_\_\_\_\_

What are your goals and expectations of your child's nursery school experience? \_\_\_\_\_

## Written Permission

I have read the information package that was emailed to me. I understand and agree to abide by the school's methods and policies. I understand that once registered, Sept to Dec are non-refundable	Yes__ No __
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I will notify the school immediately of any changes to the information provided on this form	Yes__ No __
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I give permission to photograph or videotape my child and understand they will be used for classroom purposes and may be shared with families of children who are enrolled. No names will be attached.	Yes__ No __
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I give permission to photograph or videotape my child for the use of our closed/private Facebook page	Yes__ No __
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I give permission for occasional outdoor play and/or walks in the neighbourhood	Yes__ No __
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I give permission to allow my child (afternoon children only) to go to the bathroom at the end of the hall by himself/herself while the teacher watches from the class. **Morning children are always accompanied to the bathroom**	Yes__ No __
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I give permission for students to do observations for the use of their assignments. Names and all other personal information will be kept confidential at all times.	Yes__ No __
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How did you hear about the school? \_\_\_\_\_

# Transportation

It is the responsibility of the parent/guardian to bring their child into the classroom upon arrival. At dismissal time, the children will be dressed and sitting at the tables and the parent/guardian is responsible for **coming into** the classroom to pick up their child. (This system may change. Parents will be notified of changes)

If children will be coming to school in a carpool please notify staff.

Should someone OTHER than the parent/guardian be picking up the child, please notify staff in advance.

If you are going to be late or early, please call and let us know so that we can inform your child. Late fees may apply.

According to childcare regulation, we are required to be aware of **who is /is not** allowed to pick up your child.

List people (and their relation to your child) who have permission to pick up your child from nursery school.

<u>Allowed</u>	<u>Not allowed</u>
Parents/guardians only (Check mark for yes) _____ Name _____ Name _____ Name _____ Name _____	Name _____ Name _____ Name _____ Name _____

## Emergency Medical Transportation and Treatment

If at any time, medical treatment is necessary due to a serious injury or sudden illness, I authorize Oak Street Nursery School to take whatever measures deemed necessary for the protection of my child while in the care of the facility. I give permission for my child to receive medical attention deemed necessary by medical personnel. I understand that this may involve transportation to the hospital in a private vehicle or ambulance. I understand that the facility will make every attempt to contact me and that any expense incurred for such treatment, including ambulance fees, is my responsibility.

### Parent/Guardian

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print name \_\_\_\_\_

**\*\*\* Reminder that our withdrawal policy states that once registered, September to December fees are non-refundable. January to June fees are refundable up until November 30. After November 30, ALL FEES ARE NON-REFUNDABLE\*\*\***

I have fully read the policy manual and agree to all terms \_\_\_\_\_  
Signature Date

I will make payments by E-Transfer \_\_\_\_\_ cheque \_\_\_\_\_ \*\*Cheques are due upon registration regardless of payment method\*\*  
 I agree to submit all e-transfer payments on or prior to the dates outlined in the fee schedule. (Late fees will apply) Yes \_\_\_\_\_

Office use only	Payments:    March 1st \$ _____    Sept 1- \$ _____    Jan 1- \$ _____    April 1-\$ _____
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