

# Oak Street Nursery School Registration Forms – 4/5 year old

\*\*Registration forms cannot be accepted unless all fields are complete and postdated payments are submitted\*\*  
 Spaces will be secured once forms are fully completed and the first payment has been submitted.

This form is for children born in 2019 or 2020. If your child was born in 2021, please use the “3 year old” form

**Afternoon Class: 4/5-year-olds** (Child must be 4/5 by Dec 31, 2024) \*\*\*Priority for Wednesdays will be given to children registered for lunch program\*\*\*

**Please note** – We follow the school schedule and are closed for winter break, spring break, and summer break

2 sessions per week Mon/Thurs \_\_\_\_\_ or Tues/Fri \_\_\_\_\_  
 3 sessions per week (check any 3 days) Mon \_\_\_ Tues \_\_\_ Wed \_\_\_ Thurs \_\_\_ Fri \_\_\_  
 4 sessions per week (check any 4 days) Mon \_\_\_ Tues \_\_\_ Wed \_\_\_ Thurs \_\_\_ Fri \_\_\_  
 5 sessions per week Mon/Tues/Wed/Thurs/Fri \_\_\_\_\_

My child will attend lunch hour Yes \_\_\_ No \_\_\_ My child will stay for the extended hours from 3:20 – as late as 4:30 Yes \_\_\_ No \_\_\_

Choose one - My child requires pick up at 11:30 from Robert H. Smith \_\_\_\_\_ Immersion kinder \_\_\_\_\_ Nursery/Kinder \_\_\_\_\_  
**(OR)** - I will drop my child off at/after 11:40 \_\_\_\_\_

## Child's Information

Child's legal name \_\_\_\_\_  
 Preferred name for cubby/recognition \_\_\_\_\_  
 Gender \_\_\_\_\_ Pronouns \_\_\_\_\_  
 Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ (DD/MM/YYYY)  
 Languages known/spoken \_\_\_\_\_  
 Siblings(s) \_\_\_\_\_

Child's street address \_\_\_\_\_  
 Postal Code \_\_\_\_\_  
 Family health number \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_  
 Personal health ID \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_  
 Doctor's name & Phone # \_\_\_\_\_  
 Immunized Yes No Up to date Yes No

### Parent / Guardian 1

Name \_\_\_\_\_  
 Home address \_\_\_\_\_  
 Postal code \_\_\_\_\_  
 Home phone \_\_\_\_\_ Cell \_\_\_\_\_  
 Home email \_\_\_\_\_  
 Work/School name \_\_\_\_\_  
 Work/School address \_\_\_\_\_  
 Work/School phone \_\_\_\_\_

### Parent/ Guardian 2

Name \_\_\_\_\_  
 Home address \_\_\_\_\_  
 Postal code \_\_\_\_\_  
 Home phone \_\_\_\_\_ Cell \_\_\_\_\_  
 Home email \_\_\_\_\_  
 Work/School name \_\_\_\_\_  
 Work/School address \_\_\_\_\_  
 Work/School phone \_\_\_\_\_

### 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 \_\_\_\_\_

### Designated emergency contacts

Designate 2 local people we can contact and release your child to in case of illness or an emergency if you are not available

Name \_\_\_\_\_  
 Relation \_\_\_\_\_  
 Home address \_\_\_\_\_  
 Home phone \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_  
 Relation \_\_\_\_\_  
 Home address \_\_\_\_\_  
 Home phone \_\_\_\_\_ Cell \_\_\_\_\_

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 \_\_\_

Describe \_\_\_\_\_

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

Describe \_\_\_\_\_

<p><b>Toilet Learning</b> Please check all that apply to your child's present stage.</p> <p><input type="checkbox"/> completely capable of using toilet.</p> <p><input type="checkbox"/> assistance. in diapers at all times.</p> <p><input type="checkbox"/> day.</p> <p><input type="checkbox"/> requires some in underwear during</p>	<p><b>Speech, Hearing, Sight</b> Please check all that apply</p> <p><input type="checkbox"/> I have concerns with my child's speech.</p> <p><input type="checkbox"/> I have concerns with my child's hearing.</p> <p><input type="checkbox"/> I have concerns with my child's sight. <input type="checkbox"/> My child wears glasses.</p> <p><input type="checkbox"/> My child has been referred for an assessment at CDC or other</p> <p>Describe: _____</p>
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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, code of conduct and policies. I understand that once registered, Sept to Dec are non-refundable	Yes___ No ___
I will notify the school immediately of any changes to the information provided on this form	Yes___ No ___
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 ___
I give permission to photograph or videotape my child for the use of our closed/private Facebook page	Yes___ No ___
I give permission for occasional outdoor play and/or walks in the neighbourhood	Yes___ No ___
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. <b>**Morning children are always accompanied to the bathroom**</b>	Yes___ No ___
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 ___
I give permission for Oak Street Nursery School staff to apply sunscreen, insect spray on my child (provided by parents)	Yes___ No ___
I understand that late fees will be charges for late pick ups as outlined in our policy manual	Yes___ No ___
I understand that in the event of an emergency within the church, Oak Street Nursery staff will walk my child to our emergency evacuation location, and parents would be notified as soon as possible for immediate pick up of their child	Yes___ No ___

How did you hear about the school? \_\_\_\_\_

# Transportation

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 will 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.  
Must have Valid ID

<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 and October fees are non-refundable. After November 30, ALL FEES ARE NON-REFUNDABLE\*\*\***

I will make payments by E-Transfer \_\_\_\_\_ cheque \_\_\_\_\_ \*\*Post dated cheques are due upon registration\*\*

I agree to submit all e-transfer payments on or prior to the dates outlined in the fee schedule. (Late fees will apply) Yes \_\_\_\_\_

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

<b>Office use only</b>	Payments: upon registration \$ _____ Sept 1- \$ _____ Jan 1- \$ _____ April 1-\$ _____ Date of registration _____ Date of Withdrawal _____
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