



HARBOUR PRESCHOOL ENROLMENT FORM

**Morning half day program runs 9am-12pm Monday -Thursday
For children ages 30 months - 5 years**

Please check your choice of mornings:

- 2 mornings/wk - Mon,Wed **or** Tues,Thurs (please circle choice)
 3 mornings/wk - _____ (list your preference of 3 mornings)
 4 mornings/wk - Mon - Thurs

If your child is **not** 30 months by Sept, what is the intended start date? _____

OFFICE USE ONLY

Admission Date: _____ Withdrawal Date: _____
(dd/mm/yyyy) (dd/mm/yyyy)

Registration Fee paid Reason: _____

PERSONAL INFORMATION:

Child's Full Legal Name: _____

Preferred Name: _____ Birthdate: (dd/mm/yyyy): _____

Home Address(es): _____

Parent Name: _____ Relationship to child: _____

Home Address (if different from child's): _____

Cell Phone #: _____ Home #: _____

Email: _____

Place of Employment: _____ Work #: _____

Work Address: _____

Parent Name: _____ Relationship to child: _____

Home Address (if different from child's): _____

Cell Phone #: _____ Home #: _____

Email: _____

Place of Employment: _____ Work #: _____

Work Address: _____

Siblings in family: (We love to talk with the children about their families)

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

EMERGENCY INFORMATION & PICK UP AUTHORIZATION:

Doctor: _____ Phone #: _____

In the event of an emergency, if a parent cannot be reached, the following individual(s) may be contacted. Please list in order of preference.

- 1. Name: _____ Relationship to Child: _____
Address: _____
Phone #'s: _____
 Authorized to pick up child
- 2. Name: _____ Relationship to Child: _____
Address: _____
Phone #'s: _____
 Authorized to pick up child
- 3. Name: _____ Relationship to Child: _____
Address: _____
Phone #'s: _____
 Authorized to pick up child

The following additional individuals are authorized to pick up my child (Photo ID may be asked for to confirm identity):

- 1. Name: _____ Relationship to Child: _____
Phone #'s: _____
- 2. Name: _____ Relationship to Child: _____
Phone #'s: _____

IMMUNIZATION INFORMATION:

If your child has had any history of communicable diseases (eg. chicken pox, measles) please list them: _____

Please provide a copy of your child’s immunization record to Harbour Preschool with your enrolment package.

If a child is medically exempt from immunizations or if the parent has a conscientious objection to immunization, parents/guardians may provide the appropriate form to Harbour Preschool. These forms are available here:

<https://www.niagararegion.ca/health/vaccinations/children/school-exemption.aspx>

HEALTH INFORMATION:

In order to ensure the health and safety needs of your child are met, please provide relevant information below.

Answer yes or no as applicable	Yes - please include any information we should know	No
Does your child have any acute or chronic medical needs that require additional support? (eg. diabetes, asthma) If yes, an 'Individualized Plan for Child with Medical Needs' form will be required before starting program.		
Does your child have any allergies that are non life-threatening? (eg. food, latex) If yes, include any symptoms and treatment required.		
Does your child have any life-threatening allergies? (eg. anaphylactic to peanuts or bee stings) If yes, an 'Individualized Plan for Child with Anaphylactic Allergy' form will be required before starting program.		
Does your child require a prescribed drug regularly?		
Has your child been hospitalized for surgery or illness?		
Are there any specific instructions regarding physical activity?		
Is there any other health information you would like us to know about your child?		

ADDITIONAL INFORMATION:

Separation From Parents:

Has your child had previous experience away from home? Yes No

Do you think your child feels comfortable leaving parents? Yes No

Any information that might assist your child with the transition to being away from parents:

Dietary Instructions:

Please list if your child has any food restrictions, intolerances or any details about eating habits:

Toileting Instructions:

Harbour Preschool recognizes that children in the preschool age may be at different stages in their independence and toileting routines. Please provide information so that we can best help your child:

- Uses the washroom independently
- Requires some assistance
- In the process of toilet training
- Not toilet trained, in diaper/pull ups

Other Information:

Please provide any other additional information you would like us to know about your child: (interests, favourite activities, language spoken at home, family situation, areas of concern etc.)

Name of home church (if applicable): _____

Note: 'Parent' is defined as a person having lawful custody of a child or person who has demonstrated settled intention to treat a child of his or her family, and includes guardians.

I hereby declare that all the information provided in this enrolment form above is accurate and I will inform the Harbour Preschool Director in writing of any changes throughout the year.

Parent/Guardian Name: (please print) _____

Parent/Guardian Signature: _____

Date (dd/mm/yyyy): _____

Please return your enrolment form to Harbour Fellowship Church front office weekday mornings or scan and email to Harbour Preschool Director Andrea Klassen at: preschool@harbourfellowship.com