

Growing Together Preschool/ Préscolaire Grandissant Ensemble

195 Windfield Rd (St. Dominic Savio School)

Phone (306) 550-5325

growingtogether@sasktel.net

www.growingtogetherpreschool.com

Please check class choice:

Non-Refundable Registration Fee: \$50.00

AM Classes 9:15 – 11:15 PM Classes 1:00 – 3:00

Mon/Wed (AM)

Mon/Wed (PM)

Tue/Thurs (AM)

Tue/Thurs (PM)

+Friday (AM)

Monthly Tuition

(post-dated cheques)

\$160 / 2days

\$200 / 3 days (incl. Friday)

\$320 / 4 days

\$360 / 5 days (incl. Friday)

***Registration fee plus one month's tuition must be included ***

Please Print Clearly (one child per registration)

Program Choice: English () French ()

Child Information

First and Last Name: _____

Address: _____

City: _____ Postal Code: _____ Phone #: _____

Date of Birth: _____ Sex: Female Male
Month Day Year

Child Resides With: _____ (Names & Relation to child)

Parent Information

Parent/Guardian: _____
First Last

Work #: _____ Cell #: _____ Home #: (if different) _____

Address: (if different) _____

Email Address: _____ Occupation: _____

Parent/Guardian: _____
First Last

Work #: _____ Cell #: _____ Home #: (if different) _____

Address: (if different) _____

Email Address: _____ Occupation: _____

In Case of Emergency (other than parents)

Name: _____ Phone #: _____ Relation to child: _____

Name: _____ Phone #: _____ Relation to child: _____

Child will not be released to anyone other than the above without consent of parent or guardian

Medical History

Child's Personal Health Card Number: _____

1) Is your child taking any medications? If so, what kind? For what? _____

2) Does your child have any: Heart problems Breathing problems Allergies
 Other medical/physical problems we should be aware of

If so, please explain: _____

3) Are there restrictions on the kind of physical activity your child may participate in? Yes No

If yes, what are the restrictions? _____

4) Is there a diet or food restriction necessary for your child's health? Yes No

If yes, please explain: _____

Please initial each disclaimer that you wish to agree/not agree to and sign/date at the bottom of the page

EMERGENCY RELEASE

If an emergency situation or an accident should occur while my child is attending "Growing Together Preschool", I authorize the staff to handle the emergency at their discretion and to contact me as soon as possible.

YES _____ NO _____

PERMISSION FOR OUTINGS

I, the parent/guardian, give permission for my child to leave the building on outings accompanied by the teachers and parent volunteers during the following school year.

September 20__ to June 20__.

YES _____ NO _____

WEB PERMISSION

I, the parent/guardian of the student named below, do hereby grant permission for Growing Together Preschool, to use photos of my child on their Facebook page and website for preschool advertising purposes. (NO NAMES, NO TAGS)

YES _____ NO _____

Name of Student

Signature of parent/guardian

Date

Préscolaire Grandissant Ensemble
Growing Together Preschool



Child Information for Outings

First Name

Last Name

Date of Birth

Home Phone

Address

Parent/Guardian

Contact Number

Parent/Guardian

Contact Number

Emergency Contact & Relation to Child

Contact Number

Emergency Contact & Relation to Child

Contact Number

Medical Information/Allergies (include child's health card number)