

Neerlandia Pre-school Registration Form

FREEDOM OF INFORMATION AND PROTECTION PRIVACY ACT (FOIPP)- The personal information collected on this form is part of Neerlandia pre-school's registration process. All personal information collected during the registration process will be used to ensure a safe and secure schooling environment for your child. This information is being collected for pre-school purposes only so that we can meet any special needs your child may have.

PARENT INFORMATION:

NAME : _____ SPOUSE/PARTNER'S NAME _____

MAILING ADDRESS : _____

GREEN ADDRESS SIGN (if different from mailing address): _____

HOME PHONE : _____ BUSINESS : _____ CELL : _____

STUDENT INFORMATION:

NAME (first and last): _____

ADDRESS (if different from above) : _____

PHONE NUMBER (if different from above) : _____

PLEASE CIRCLE : Male or Female

BIRTH DATE : _____

CHILD RESIDES WITH : Father Mother Both parents Other : _____

SIBLINGS NAMES AND AGES : _____

MEDICAL INFORMATION:

ARE YOUR CHILD'S IMMUNIZATIONS UP TO DATE? (please circle) Yes No

If not, when and what was the last immunization? _____

PLEASE LIST ALL MEDICATIONS YOUR CHILD IS CURRENTLY TAKING : _____

PLEASE LIST ANY ALLERGIES OR HEALTH CONCERNS WE SHOULD BE AWARE OF : _____

ARE THERE ANY SOCIAL OR BEHAVIORAL CONCERNS WE SHOULD BE AWARE OF : _____

EMERGENCY CONTACT INFORMATION:

CONTACT NAME : _____

RELATIONSHIP TO CHILD : _____

ADDRESS : _____

GREEN ADDRESS SIGN (if different from above) : _____

PHONE NUMBER : _____

ARE YOU PLANNING TO SEND YOUR CHILD TO NEERLANDIA PUBLIC CHRISTIAN SCHOOL FOR KINDERGARTEN? (please circle) : Yes or No

I, PARENT/GUARDIAN, AGREE THAT THE TEACHER IS ALLOWED TO TAKE PICTURES OF MY CHILD FOR THE PURPOSE OF CLASS BOOKS AND CRAFTS: (please circle) : Yes or No

I, PARENT/GUARDIAN, AGREE TO ALLOW NEERLANDIA PRE-SCHOOL TO OBTAIN EMERGENCY MEDICAL CARE FOR MY CHILD, SHOULD THE NEED ARISE. I, PARENT/GUARDIAN, AGREE TO REIMBURSE ALL COSTS INCURRED BY THE NEERLANDIA CHRISTIAN EDUCATION SOCIETY.

PARENT/GUARDIAN NAME (please print) : _____

PARENT SIGNATURE _____ DATE: _____

Please note:

- Registrations are not considered complete and will not be accepted unless all fields are completed, including green address signs of emergency contact information.
- The class maximum is 17 children. Priority will be given to children from families that plan to send their child to kindergarten at NPC.