

# PEGGY BREWIN

## Cooperative Preschool

331 chemin de la Rivière, Chelsea / mailing address: P.O. Box 561, Wakefield, QC. J0X 3G0

### REGISTRATION FORM

for the school year starting Sept \_\_\_\_\_ (year)

3-year-old program  Child should turn 3  
by December 31<sup>st</sup>

4-year-old program  Child should turn 4  
by September 30<sup>th</sup>

Child's Name: \_\_\_\_\_ Sex: M F

Date of Birth: \_\_\_\_\_ (day) \_\_\_\_\_ (month) \_\_\_\_\_ (year)

#### A. PARENT CONTACT INFORMATION

Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (other)

Email: \_\_\_\_\_ How often do you check your email? \_\_\_\_\_

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (other)

Email: \_\_\_\_\_ How often do you check your email? \_\_\_\_\_

#### B. ALTERNATE EMERGENCY CONTACTS (preferably someone who lives near the school)

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (other)

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (other)

#### C. CHILD'S HEALTH INFORMATION

Child's Doctor: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Child's QHIP Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Does your child have a health condition that might require emergency action in school (allergy, seizure, diabetes, drug reaction, bee sting reaction, etc.)? Yes \_\_\_ No \_\_\_

If yes, specify and state recommendations: \_\_\_\_\_

Is your child on continuing prescribed medication? Yes \_\_\_ No \_\_\_

Give particulars: \_\_\_\_\_

State type and nature of any operations, serious illness or injury your child has had:

\_\_\_\_\_ Year \_\_\_\_\_

\_\_\_\_\_ Year \_\_\_\_\_

Circle the illnesses against which your child has been inoculated:  
Tetanus / Polio / Whooping Cough / Diphtheria / Mumps / Rubella / Chicken Pox

Does your child have any significant fear that the school should be aware of?

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Do you as a parent have any significant concerns?

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#### D. PARENTAL CONSENT FOR EMERGENCY TREATMENT

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### E. WAIVER

I, \_\_\_\_\_, hereby agree that I will not take legal action due to accident/injury arising out of \_\_\_\_\_'s participation in Peggy Brewin Cooperative Preschool activities.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### F. PARTICIPATION

I understand that I am responsible for (a) acting as a parent helper on assigned duty days, (b) serving on at least one fundraising committee, and (c) helping with the other fundraisers.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### G. REGISTRATION AND TUITION INFORMATION

Please return to the registrar **this completed form, along with two cheques payable to "Peggy Brewin Cooperative Preschool", one for \$25.00 for the registration fee, dated with the current date, and one for the first month's tuition\*, dated September 1<sup>st</sup>.** The registration fee is non-refundable and will be cashed immediately; the first month's tuition will be returned **only upon cancellation prior to September 1<sup>st</sup>.**

We need full enrollment to meet our expenses! If your child will not be attending Peggy Brewin, PLEASE INFORM THE REGISTRAR AS SOON AS POSSIBLE SO THE SPACE CAN BE FILLED.

#### **CURRENT TUITION** (classes begin mid-Sept and end mid-June)

3-year-old program (Tues, Thurs 9am-11:30am) - \$95/month Sept to May, \$47.50 for June

4-year-old program (Mon, Wed, Fri 9am-12pm) - \$135/month Sept to May, \$67.50 for June

\*Tuition rates may be subject to change, following a majority vote of members at a general meeting where the membership has been notified of the date and agenda of the meeting at least seven days in advance.

#### **TO BE COMPLETED BY REGISTRAR**

*Registration fee paid \_\_\_\_\_ Sept tuition paid \_\_\_\_\_ Full year's tuition cheques received \_\_\_\_\_*

**REGISTRAR:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_