

Grunthal Christian Preschool

Registration form

Grunthal Christian Preschool

2024/25 preschool year

Please choose 1st choice class and 2nd choice class

We will do our best to get you into your first choice of class

Children must be potty trained *(if your child has special needs or behavior concerns, please talk to the Preschool Director)*

Year born

(2021, 2020, 2019) Monday/Wednesday 3 / 4 yrs. AM _____ (Split 3 & 4class)

(2021, 2020, 2019) Monday/Wednesday 3 / 4's PM _____ (Split 3 & 4 class)

(2020 to 2019) Tuesday/Thursday 4 yrs. AM _____

(2020 to 2019) Tuesday/Thursday 4 yrs. PM _____

Child's Name: _____ (Male _____ Female _____)

Birthdate: _____

(month/day/year)

Physical Address: _____

Mailing Address: _____

City/Town: _____ Postal Code: _____

Parents/guardians:

Mother's Name: _____ **Mother's phone:** _____

Mother's place of employment: _____ Phone: _____

Father's Name: _____ **Father's phone:** _____

Father's place of employment: _____ Phone: _____

Main Email address: _____

Grunthal Christian Preschool

Please check: Married () Separated () Divorced () Single () Common-law ()

PARENT DESIGNATE: Who may be contacted in the event of an emergency if BOTH Parents are not available.

Name: _____ Phone #: _____

Is this child in the care of a foster agency? Yes _____ No _____

Name of agency: _____
Name of social Worker: _____
Office address: _____
City: _____ Postal Code: _____
Phone: _____ Fax: _____

Names of individuals to whom your child may be released for pick-up from Preschool:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Do you give permission for your child to be photographed or videotaped? (Only for in class use)

YES _____ NO _____

Signature of Parent/guardian: _____

Date: _____

Grunthal Christian Preschool

Medical Consent Form

Child's Name: _____ Birthdate: _____

MEDICAL CONDITIONS: please list any physical, developmental or emotional conditions relevant to the care of your child.

Family Physician: _____ Phone: _____

Manitoba Health Family ID#: _____

Manitoba Health Individual 9-digit #: _____

Child's allergies: _____

*In the event of an emergency and I or my designated emergency contact are unable to be reached, I do give permission for a representative of the **Grunthal Christian Preschool** to take my child to hospital or clinic for treatment.*

Parents/Guardian Signature: _____ Date: _____

Social Worker Signature (if applicable): _____ Date: _____

Parent Child Custody

Family Services requires GCP to have a copy of any court documentation regarding **child custody**. If this applies to your circumstances, please make sure the appropriate paper work is attached.

_____ NO, this does not apply to our family

_____ Yes, this applies to our family and the appropriate documents will be in place for Sept.

Grunthal Christian Preschool

Medical Questionnaire

Child's Name: _____

Please complete the following, Specify Yes if Doctor diagnosed

1. Life Threatening Allergies YES____ NO____

If YES please specify allergy/allergies:

2. EpiPen/auto-injector prescribed. YES____ NO____

3. EpiPen /auto-injector provided to centre. YES____ NO____

4. Asthma YES____ NO____

5. Inhaler provided to School YES____ NO____

6. Bleeding Disorder YES____ NO____

7. Diabetes YES____ NO____

8. Heart Condition YES____ NO____

9. Seizure Condition YES____ NO____

10. Other significant conditions that are Physician diagnosed (i.e. Ulcerative Colitis, Crohn's, Transplants, Spina Bifida, Permanent physical limitations).

This medical information is being collected so that appropriate individual health care plan may be developed. The Grunthal Christian Preschool will share the above information with URIS (unified referral and intake system) if your child has anaphylaxis or severe medical condition. The program is a partnership between, Health, Family Services and Housing, Education and Youth.