
DALHOUSIE COMMUNITY KINDERGARTEN
REGISTRATION FORM

PLEASE PRINT CLEARLY

CHILD'S LEGAL NAME: _____
Last First Middle

PREFERRED NAME OR NICKNAME: _____

ADDRESS: _____

POSTAL CODE: _____ **HOME TELEPHONE:** _____

DATE OF BIRTH: _____ **SEX:** _____
Year Month Day

PARENT #1: _____

Home Phone Cell Phone Work Phone

Email Occupation (for field trip / presentation ideas)

PARENT #2: _____

Home Phone Cell Phone Work Phone

Email Occupation (for field trip / presentation ideas)

EMERGENCY NOTIFICATION (other than parent)

1. NAME: _____ PHONE: _____

2. NAME: _____ PHONE: _____

DOCTOR'S NAME AND OFFICE PHONE: _____

BABYSITTER (only if responsible for child during school hours)

NAME: _____ PHONE: _____

HOW DID YOU HEAR ABOUT US?

POSTERS /SIGNS _____ RECOMMENDATION _____ EXPERIENCE _____

DALHOUSIE DIGEST _____ OTHER _____

ADDITIONAL INFORMATION TO BE COLLECTED BY KINDERGARTEN REPRESENTATIVE

REGISTRATION FEE RECEIVED: _____

PROGRAM FEE RECEIVED: _____

PROOF OF AGE:

CANADIAN BIRTH CERTIFICATE # _____ OTHER: _____

ALBERTA HEALTH CARE # _____

DATE REGISTRATION RECEIVED: _____ BY: _____

DALHOUSIE COMMUNITY KINDERGARTEN
TEACHER INFORMATION FORM

CHILD'S NAME:

LAST

FIRST

MIDDLE

DATE OF BIRTH: _____ **SEX:** _____

YEAR

MONTH

DAY

Language spoken at home _____

Does your child speak fluent English? _____

Family Religion: _____

Siblings: names & ages

Are you or your spouse qualified to teach and if so, would you be interested in substituting?

BACKGROUND / HEALTH INFORMATION

1. Does your child receive Program Unit Funding (PUF)? Which agency administers these funds? Will your child attend Kindergarten with an Aide? Please elaborate on your child's needs and abilities.

2. Does your child have any health problems? (Diabetes, epilepsy, asthma, etc) Please explain. How it could interfere with or prevent full activity?

3. Does your child have any allergies? (animals, food, feathers, mites, etc.) Please provide details.

4. Does your child have a speech problem? If so, are they receiving speech therapy? Where?

5. Does your child have a history of hearing problems or ear infections? Please provide details.

6. Does your child have any vision problems? Please describe.

7. Does your child have a skin condition? (eg. eczema) Describe treatment.

8. Does your child take any medication on a regular basis? Please provide details including name, dosage and prescribing physician.

9. Is there any other information or situations which may affect your child during the school year that it would be helpful for the teacher to be aware of? All information is confidential.
