

DALHOUSIE COMMUNITY KINDERGARTEN

REGISTRATION FO	RM for		
	School Year		
CHILD'S LEGAL NAM	ME: Last	First	Middle
PREFERRED NAME O	OR NICKNAME:		
ADDRESS:			
POSTAL CODE:	HOME	TELEPHONE:	
	ar Month	Say	SEX:
CITIZENSHIP:		·	
PARENT #1:			
Home Phone	Cell Phone	V	Vork Phone
Email - please print cl	early		
PARENT #2:			
Home Phone	Cell Phone	V	Vork Phone
Email – please print cl	early		
EMERGENCY NOTIF	ICATION (other than po	arent)	
Name	Relationship	to Child	Phone
Name	Relationship	to Child	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	_
AUTHORIZATION:	
To the best of my knowledge, the information provided is compl	ete and accurate.
Parent Signature	Date
ADDITIONAL INFORMATION TO BE COLLECTED BY KIND	DERGARTEN REPRESENTATIVE
REGISTRATION FEE RECEIVED:	
PROGRAM FEE RECEIVED:	
PROOF OF AGE:	
CANADIAN BIRTH CERTIFICATE # OTH	
ALBERTA HEALTH CARE #	
DATE REGISTRATION RECEIVED:	BV:

<u>DALHOUSIE COMMUNITY KINDERGARTEN</u> TEACHER INFORMATION FORM

DATE OF BIRTH: YEAR MONTH DAY Language spoken at home Siblings - names & ages Religious restrictions, if any: Are you or any family members qualified to teach and if so, be interested in su Do you or any family members have an occupation and / or any special talents t share with the kindergarten class? EDUCATION HISTORY Has your child attended preschool previously? Where? MEDICAL INFORMATION Does your child have any health issues such as allergies or other medical conce	
Language spoken at home Siblings - names & ages Religious restrictions, if any: Are you or any family members qualified to teach and if so, be interested in su Do you or any family members have an occupation and / or any special talents t share with the kindergarten class? EDUCATION HISTORY Has your child attended preschool previously? Where? MEDICAL INFORMATION	
Siblings - names & ages	
Religious restrictions, if any: Are you or any family members qualified to teach and if so, be interested in su Do you or any family members have an occupation and / or any special talents t share with the kindergarten class? EDUCATION HISTORY Has your child attended preschool previously? Where? MEDICAL INFORMATION	
Are you or any family members qualified to teach and if so, be interested in su Do you or any family members have an occupation and / or any special talents to share with the kindergarten class? EDUCATION HISTORY Has your child attended preschool previously? Where? MEDICAL INFORMATION	
Do you or any family members have an occupation and / or any special talents to share with the kindergarten class? EDUCATION HISTORY Has your child attended preschool previously? Where? MEDICAL INFORMATION	
Share with the kindergarten class? EDUCATION HISTORY Has your child attended preschool previously? Where? MEDICAL INFORMATION	ıbstituting?
EDUCATION HISTORY Has your child attended preschool previously? Where? MEDICAL INFORMATION	hat you would like t
Has your child attended preschool previously? Where? MEDICAL INFORMATION	
Has your child attended preschool previously? Where? MEDICAL INFORMATION	
MEDICAL INFORMATION	
MEDICAL INFORMATION	
should be made aware of?	rns that the school
YESNO	
If yes, please elaborate:	

SPECIAL ED	UCATION		
Has your child received services such as SLP, OT. Program Unit funding (PUF) previously? If yes, please explain services accessed and provide name of agency / service provider.			
ADDITIONA	L INFORMATION		
may affect yo	you like us to know about your child? Is there any other information or situations which our child during the school year that it would be helpful for the teacher to be aware of? on is confidential.		