



For Office Use

Application Deposit / Supply
Charge Fee Date:

Preschool Application Form

Class Selection

Attendance requested for:

- Class A: Monday and Wednesday AM (8:45-11:45)
- Class B: Monday and Wednesday PM (12:30-3:30)
- Class C: Tuesday and Thursday AM (8:45-11:45)
- Class D: Tuesday and Thursday PM (12:30-3:30)

Child Information

Child's Legal name: _____ Please Circle (Male/Female)

Name commonly known as: _____ Date of Birth: (mm/dd/yyyy) _____

Father/Guardian _____
(First name/Last name) (Email)

(Cell#) (Place of Employment) (Work Phone #)

(Address * Full Address Required)

If you reside outside of city limits please provide your PO box number, rural road name/number as well as your yard site number.

Mother/Guardian _____
(First name/Last name) (Email)

(Cell#) (Place of Employment) (Work Phone #)

(Address *Full Address Required)

If you reside outside of city limits please provide your PO box number, rural road name/number as well as your yard site number.

Child lives with:

- Parents
- Father
- Mother
- Legal Guardian
- Foster Parents
- Other

Joint Custody:

****Please note a copy of legal documentation must be provided to the school***

Are there any separation agreements, court orders or other documents setting out custody arrangements of the child? ***If documents are not provided, we cannot ask police to enforce custody arrangements.***

Please Circle (YES/NO)

If yes, Date Submitted: _____

Medical Information

Family Medical # _____ Child's # _____ Doctor's name: _____

Doctor's Phone #: _____ Does your child have any allergies? Please Circle (YES/NO)

Describe _____

If this is a life-threatening allergy, is your child prescribed an epi-pen? Please Circle (YES/NO)

**If yes, arrangements for emergency care must be made with the Preschool Director. Anaphylaxis policies and procedures will be distributed. A permission form must be completed in order for us to administer the adrenaline auto-injector when needed.*

List other people who have permission to pick up your child:

****Please notify us when any of these people will be picking up.***

Emergency Contacts	Two people we can contact and release your child to, in case of illness or an emergency, if you are not available.	
Name:		
Address: (Full Address Required)		
Phone #: (During preschool hours)		
Cell #:		
Relationship to Child:		

1) _____ 2) _____ 3) _____

Please describe this child's interests, hobbies and activities.

Has your child ever been in Nursery school or day care before? _____ If yes, where and for how long?

Does your child have any special fears?

Does your child require assistance in toileting? _____ Explain

Please note any medical, developmental or emotional conditions relevant to the care of your child.

Please note any recent changes that may affect your child's adjustment to preschool (ie: separation, death, move, birth of a new baby, illness etc.)

Parent/Guardian Consent

I give permission for my child to accompany the Preschool on field trips. I understand that this includes excursions on foot or with staff vehicles. Ratios and safety are always a priority. Advance notice will be given, and a signed permission form will be required before a child can go on in a vehicle.

Date _____ Signature _____

I give permission for my child, in the case of an emergency, to receive medical procedures deemed necessary by my physician or any other physician selected by the facility. I understand that this will happen only after all attempts have been made to contact the parents and/or guardians as listed on the registration forms at the facility. I will accept financial responsibility for any emergency medical care that may be necessary.

Date _____ Signature _____

I authorize the preschool to apply insect repellent on my child when children are at risk of insect bites and to apply sunscreen during the season when children are at risk from the sun.

Date _____ Signature _____

I give permission for members of the media and staff, at the discretion of the Director, to take pictures/video of my child. Photos may be used for Preschool/School promotion or in preschool, school yearbook or preschool Facebook page.

Date _____ Signature _____

I understand that Westpark Children's Centre has an indirect supervision policy that allows my child to be out of direct eye sight for short periods of time (for example: when using the bathroom). During these short periods staff are aware of what my child is doing through hearing supervision and frequent verbal and visual checks. Staff will ensure that children who are completing tasks while indirectly supervised are developmentally capable of doing so.

Date _____ Signature _____

As this child's parent/guardian, I have read and understand the policies in the Westpark Preschool Parent Manual. I agree to support the school in applying these principles in the care of my child.

Date _____ Signature _____

A meeting with the Preschool Director with the child will proceed with submission of application. Submission of application does not guarantee enrollment. The Preschool Director will make final admission decision. Please be informed that all children must be fully potty-trained and of appropriate age to apply for Preschool.



Name: _____ Phone: _____

Email: _____

- \$50 Preschool Deposit (Applied to Session Fees - Non-refundable after August 31st, 2019)
- \$20 Supply Charge

Sessions per Week: (Please indicate one option)

- 1 Class (2 sessions per week) – \$811.20
- 2 Classes (4 sessions per week) – \$1622.40
- 3 Classes (6 sessions per week) – \$2433.60
- 4 Classes (8 sessions per week) – \$3244.80

***Each session costs \$10.40 and is calculated for a 40-week school year. Fees are in accordance with Manitoba Child Care Association and are subject to change.**

Frequency of Payment:

- Bi-Weekly (Every other Friday)
- Semi-monthly (1st and 15th only)
- Monthly (1st or 15th)

Payment Amount: \$ _____ (Total amount divided by number of payments)

Start Date: _____ End Date: _____

Pre-Authorized Payment Option:

Bank Information:

- Option #1:** Attach a void cheque.
- Option #2:** Fill out bank information below (all information is required)

Name of Institution: _____

Branch Address: _____

City/Prov.: _____

Transit # _____ Institution # _____ Account # _____
(5 digits) (3 digits) (7+ digits, include all zeros)