

Little Lambs Christian Preschool Registrant's Information Form



Please fill out **all three** sides of this form and return it as soon as possible.

Child's Name: _____ **Gender:** Male Female
First Middle Last

Address: _____ **Postal Code:** _____

Home Phone Number: _____ **Birth Date :** ____/____/____
mo day yr

Medical Number: _____ **Personal Health ID Number:** _____

Allergies: Yes No **If yes, please specify:** _____

Family Physician: _____ **Address:** _____ **Phone:** _____

Special Health Problems/Past Serious Illnesses/ Medication Required: _____

I give permission for my child, in the case of emergency, to receive medical procedures deemed necessary by my physician or any other physician. I understand that this will only happen after all attempts have been made to contact the parents and/or guardians as listed here. If an ambulance is required, I understand my child will be transported to whichever hospital the ambulance service is directed to. I agree to be responsible for any charges incurred for transportation of my child.

Signature of Parent / Guardian: _____

Parent(s) / Guardian (s):

Mother: _____ **Father:** _____

Phone (Home): Same as above or _____ **Phone (Home)** Same as above or _____

Cell Number: _____ **Cell Number:** _____

***Email address:** _____ ***Email address:** _____

Address: _____ **Address:** _____

Occupation/Business Name: _____ **Occupation/Business Name:** _____

Phone (Business): _____ **Phone (Business):** _____

Address (Business): _____ **Address (Business):** _____

Days & Hours Worked: _____ **Days & Hours Worked:** _____

Marital Status: _____ **Child lives with:** Mother Father Other _____

If applicable, are there any separation agreements, court orders or other documents setting out custody arrangements for the child? Yes No

Have copies been provided to the child care facility? Yes No Will be provided Will not be provided

Are you aware that the child care facility cannot ask the police to enforce custody arrangements if documents are not provided? Yes No

If applicable, are there any informal custody arrangements? Please describe:

*Indicate main email to be used

Mandatory All fields

Designated Emergency Contacts

Designate 2 people we can contact and release your child to in case of illness or an emergency if you are not available. These individuals will be called after 30 minutes of being unable to contact you, sooner depending upon the emergency.

Name: _____	Name: _____
Home address: _____	Home address: _____
Home phone: _____ Cell: _____	Home phone: _____ Cell: _____
Home e-mail: _____	Home e-mail: _____
Work/school e-mail: _____	Work/school e-mail: _____
Work/school name: _____	Work/school name: _____
Work/school address: _____	Work/school address: _____
Work/school phone number: _____	Work/school phone number: _____
Relationship to child: _____	Relationship to child: _____

Please list other people who have permission to pick up your child from Little Lambs Christian Preschool

(Proof of ID may be required)

_____	_____
_____	_____
_____	_____

General Information

Does your child nap? Yes No Please bring a blanket and stuffed toy if needed for nap time.

Name and age of siblings: _____ Religious affiliation (optional): _____

Languages known/spoken: _____

Strong Likes: _____ Strong Dislikes: _____

Previous Childcare Experience: _____

At times does your child become overly excited, anxious, upset, frustrated? _____

If so, when? _____ How exhibited? _____

Effective Treatment? _____

Other Information you would like to share about your child? (specific problems, concerns, interests, food preferences, specific religious practices)

Little Lambs Christian Preschool has my permission to:

(Please **initial** under correct heading)

Yes No

Allow my child(ren) to be **video-taped or photographed for centre use only** _____

I will make every attempt to administer medication to my child at home. If it needs to be administered during the centre's hours, the following conditions will be met: The **medicine will be prescribed by a medical doctor, be provided to a staff member in the original container with a legible prescription indicating the date, dr.'s name, dosage and instructions.** I will sign a more detailed medicine consent form at that time. _____

Allow Little Lambs staff to periodically apply **face paint** to my child (non-toxic) _____

Allow Little Lambs staff to reapply **sunscreen** in season after I have applied it _____

Allow my child(ren) to go for **walks** in the neighborhood. All outings have a full complement of staff and will use wagons for younger children. In the event of a field trip, **I will be asked to sign a permission slip for that outing.** I will be notified at least 24 hours in advance. Only public transit or a school bus from a transport company will be used; no personal vehicles. _____

I understand that my child(ren) may go outside daily, depending on the weather and daily schedule; and I need to ensure appropriate outdoor clothing is at hand, including footwear.

I understand my child(ren) may go upstairs to the second level of My Church Winnipeg to use the indoor play structure. The structure follows safety guidelines for preschool aged children.

I am required to ensure communication with staff at drop off time so staff are fully aware when my child has become their responsibility; likewise for pickup time so staff are aware I have resumed responsibility. I understand that my child becomes my responsibility once again as soon as I have entered the centre space.

I am required to provide Little Lambs with two weeks written notice before withdrawing (one month's notice from May 15th to September 15th).

I agree to this collection of personal information for use by Little Lambs Christian Preschool as it pertains to the children in their care and their families. I agree to notify LLCP immediately of any changes to the information provided on this form. Refer to Little Lambs Christian Preschool Privacy Policy.

I have read, understand, and agree to comply with the articles of faith and regulations set out in the Little Lambs Christian Preschool Policies Pamphlet, as well as the code of conduct therein:

*Signature of Parent(s) / Guardian: _____

Date: _____

***Must be signed by both parents where applicable**

Date of Enrollment: _____ **Date of Withdrawal:** _____

I chose Little Lambs Christian Preschool because: _____

I became aware of Little Lambs Christian Preschool through:

Acquaintance: _____ Website: _____ Winnipeg Free Press: _____ Other: _____

I would be interested in :

Being a member of the Board of Directors

Yes

No

Assist with fundraising committee

Yes

No

Other: _____



Little Lambs Christian Preschool
955 Wilkes Ave
Winnipeg, MB R3P 1B8
Ph. 204-475-5222
Email: llcp@mymts.net

Pre-Authorized Payment Plan

I hereby authorize Little Lambs Christian Preschool to debit my account, as indicated on the attached "void" cheque for my child day care fees in the amount as per the attached billing schedule, showing the September to June payments. I understand my account will be debited on the first of each month; or the next banking day after the first of the month. I also understand that any drop in fees I accumulate in a given month will be added to the amount for the following month, subsequent to email notification of the amount. Any drop in fees accumulated in the month of June will be debited by the last Thursday in June that LLCPP is open, after email notification.

My authorization may be revoked by me on two days written notice and will be automatically revoked by Little Lambs Christian Preschool upon my child's withdrawal from the child day-care program.

I will notify Little Lambs Christian Preschool in writing of any change to my account at least two days prior to the next pre-authorized date.

I understand that any rejected pre-authorized payment will be subject to a \$30 charge along with a \$5 late fee charge per week until replaced. The replacement cheque is to include the \$30 charge and any late fees.

I have certain recourse rights if any debit does not comply with this agreement. I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. To obtain more information, I may contact my financial institution.

I acknowledge that I have read and understand all the terms and conditions of this pre-authorized form.

Authorizing Parent/Guardian

Date

Name (please print)

Date

***please attach a void cheque or bank account statement**