



Registration Form
Lower Sackville Nursery School
PO Box 210,
Lower Sackville, NS B4C 2S9
lsnurseryschool@gmail.com
902- 865-9765

Class requested: (check one) 3 mornings/week (Mon-Wed-Fri) () 2 mornings/week (Tues.-Thurs) ()		
Name of child:		
Did child attend last year?	Teacher's name:	
Birthdate: Month:	Day:	Year:
Mother	Phone #:(H)	(W) (Cell)
Occupation:		
Father:	Phone #:(H)	(W) (Cell)
Occupation:		
Home address:		Postal Code :
Family e-mail address:		
Emergency Contact Person: (Other than parents)		
Name:	Phone:	Cell:
Relationship to child:		
People authorized to pick up child from school (other than mother and father)		
Name	Relationship to child	Phone Number
Family Doctor:	Phone:	
Dr.'s Address		
MSI #:		
Expiry date:		

MEDICAL HISTORY

Has this child had (please circle)

Measles Yes/No	Whooping Cough Yes/No	Mumps Yes/No
German Measles Yes/No	Chickenpox Yes/No	

Other:

Any history of (please circle)

Skin Conditions Yes/No	Ear Infections Yes/No	Asthma Yes/No
Seizures Yes/No	Croup Yes/No	Bronchitis Yes/No
Pneumonia Yes/No	Other:	

Immunizations (please give dates)

Diphtheria, Pertussis, Tetanus, Polio	1 st Dose	2 nd Dose	3 rd Dose
Chickenpox (Varicella)	Haemophilus b (Hib)	Other (Flu, Meningococcal)	

Does your child have any diagnosed medical, behavioural conditions and/or allergies?

Is any special treatment for this condition necessary? (Include names/doses of medication)

Are there any recommendations for diet or rest?

Is your child free from communicable diseases? (i.e. HIV, Hepatitis) **Yes/No**

Please list names/ages of siblings

Does your child have any fears?

Do you have any concerns about your child's development?

Occasionally we may take photos at school of our children at parties or other special events. Can your child be included in these photos? **Yes/No**

In the past we have had a professional photographer come in to do individual and class pictures. Do you want your child's picture taken? (Indicating "yes" does not obligate you to buy the photo.) **Yes/No**

Occasionally we go on field trips to the library and park; we always give parents advance notice of these outings. Do you give permission for your child to go on field trips? **Yes/No**

I understand that my child may attend nursery school from 8:45-11:15 a.m. on the days specified. I will pay my child's fees on the dates outlined in the Payment Schedule provided by the school, unless special arrangements are made through the Director. I assume all responsibility for transportation of my child to and from the nursery school.

I also understand that I must assume responsibility for any expense incurred through the school in dealing with emergency injury to or illness of my child, including ambulance costs. In addition, I give permission for the school to call an ambulance or to contact a doctor of their choice should they be unable to contact me or our family doctor, in case of emergency.

I certify that all information provided on this form is, to the best of my knowledge, true.

Parent/Guardian's Signature: _____ Date: _____

I have received a copy of the Parent Handbook _____ (please initial)

I am interested in being part of the Parent Committee which meets 2x/year during school hours. **Yes/No**

* A non-refundable fee of \$20.00 (\$30.00/family) is due upon enrollment.

This form is confidential when completed.

Office Use

Reg. Fee Paid: _____

Immunizations Complete: _____

Pick-up Authorization _____

Parent Handbook _____

Class: _____

Start Date: _____