



## CHALO PRESCHOOL REGISTRATION FORM

### CHILD'S INFORMATION

FIRST & LAST NAME:		NAME CHILD RESPONDS TO:	
SEX:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH:	
CLASS REGISTERING FOR:	<input type="checkbox"/> PRE-3 <input type="checkbox"/> PRE-4		
MAILING ADDRESS:			
PHYSICAL ADDRESS:			
PERSON/S WITH WHOM THE CHILD RESIDES:			
CHILD'S FIRST LANGUAGE:		SECOND LANGUAGE:	
CARECARD NUMBER:		MEDICAL INSURANCE NUMBER:	

### PARENT/GUARDIAN INFORMATION

MOTHER'S FIRST & LAST NAME:			
ADDRESS:			
EMPLOYER:			
CONTACT:	HOME:	WORK:	CELL:
ABORIGINAL ANCESTRY:	<input type="checkbox"/> YES <input type="checkbox"/> NO	MOTHER'S BAND NAME:	
		MOTHER'S STATUS NUMBER:	

FATHER'S FIRST & LAST NAME:			
ADDRESS:			
EMPLOYER:			
CONTACT:	HOME:	WORK:	CELL:
ABORIGINAL ANCESTRY:	<input type="checkbox"/> YES <input type="checkbox"/> NO	FATHER'S BAND NAME:	
		FATHER'S STATUS NUMBER:	

### EMERGENCY CONTACT INFORMATION

Attach additional names if needed. Child will not be released to anyone unless they are named on the list below. We strictly abide by the Chalo Preschool Handbook's Child Release Policy.

1.	NAME	RELATIONSHIP	HOME	CELL
2.	NAME	RELATIONSHIP	HOME	CELL

3.	NAME	RELATIONSHIP	HOME	CELL
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### CUSTODY AGREEMENT

If there is a custody agreement in place, please give any details you wish for us to be aware of. We need a copy of this agreement for the child's file.

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### SOCIAL INFORMATION

NAMES & BIRTHDATES OF OTHER CHILDREN LIVING AT HOME:			
1.		BIRTHDATE:	
2.		BIRTHDATE:	
3.		BIRTHDATE:	
4.		BIRTHDATE:	
5.		BIRTHDATE:	
HAS YOUR CHILD PREVIOUSLY ATTENDED DAYCARE/PRESCHOOL PROGRAMS?			<input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF PROGRAM OR INSTITUTION:			

### HEALTH & NUTRITION INFORMATION

Children need to be toilet-trained in order to attend Chalo Preschool Programs.

WORDS USED FOR TOILETING:				
ILLNESS/ES YOUR CHILD HAS HAD:				
DOES YOUR CHILD HAVE ANY OF THE FOLLOWING HEALTH CONCERNS?				
VISION <input type="checkbox"/> YES <input type="checkbox"/> NO	HEARING <input type="checkbox"/> YES <input type="checkbox"/> NO	SPEECH/LANGUAGE <input type="checkbox"/> YES <input type="checkbox"/> NO	ALLERGIES <input type="checkbox"/> YES <input type="checkbox"/> NO	OTHER CONCERNS? <input type="checkbox"/> YES <input type="checkbox"/> NO
SPECIFY AND PROVIDE DETAILS ON ITEMS MARKED 'YES':				
DOES YOUR CHILD TAKE MEDICATIONS REGULARLY?			<input type="checkbox"/> YES <input type="checkbox"/> NO	

### IMMUNIZATION HISTORY

Attach a photocopy of the immunization record, or indicate dates that immunization was completed, YYYY/M/D

DIPHTHERIA, TETANUS, PERTUSSIS (DPT)	POLIO	MENINGITIS	MEASLES, MUMPS AND RUBELLA (MMR)

**EMERGENCY CONSENT**

In the case of illness or accident that involved my child and I cannot be reached by phone, I authorize the school staff or representative to send for or have my child taken to:

DOCTOR:		TELEPHONE:	
ADDRESS:			
DENTIST:		TELEPHONE:	
ADDRESS:			
Should the above doctor be unavailable, I agree that the school representative, in an emergency, may call upon the local hospital or ambulance. All costs are incurred are the responsibility of the parent/guardian.			

PRINTED NAME OF PARENT

SIGNATURE OF PARENT

DATE SIGNED

**SPONTANEOUS LOCAL TRIPS**

I give permission for my child, \_\_\_\_\_ to participate in spontaneous local car trips (park, grocery store, etc) with the preschool staff. Transportation will be offered by Chalo Bus only. Other field trips requiring transportation will be stated on the consent form for each specified field trip.

PARENT/GUARDIAN SIGNATURE

DATE

**LANGUAGE INSTRUCTION/CULTURAL CLASSES**

At Chalo School, we offer two Language Classes - Cree and Dene. Parents will have to choose which class they would like their child to attend. We also offer Traditional Studies (Culture) one day per week. The language class begins in Preschool Four and the Culture class starts in Preschool Three.

Please indicate your language preference below. This applies to Preschool Four students only.

Cree Language & Culture Class

Dene Language & Culture Class

**PHOTO / VIDEO PERMISSION:**

I  DO  DO NOT give consent for my child to be photographed or videotaped by the Chalo School staff or the media. I understand that these photos/videos may be used for publicity, displays, Chalo School website, Chalo School Facebook group, for educational purposes, or for use with the children.

PARENT/GUARDIAN SIGNATURE

DATE OF SIGNATURE

Anything else you would like to include:

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**Fees:**

Families with children attending the preschool programs are required to pay a monthly fee of \$ 200.00. Rates for short months, such as December, March and June will be prorated. Unless otherwise advised, fees are payable to Chalo School at the beginning of each month.

