

**Windsor Nursery School – Registration Form**

**School Year: 2020-2021**

4yr old       3yr old

**Child’s Full Name:** \_\_\_\_\_

NS Health Card #: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Expiry Date: \_\_\_\_\_ DD      MM      YY

**Parents/Guardians:**

**Name:** \_\_\_\_\_

Occupation: \_\_\_\_\_

Civic Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ PC: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (Work/Cell) \_\_\_\_\_

E-mail: \_\_\_\_\_

**Name:** \_\_\_\_\_

Occupation: \_\_\_\_\_

\*\*\*Fill in below if different than above information\*\*\*

Civic Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ PC: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (Work/Cell) \_\_\_\_\_

E-mail: \_\_\_\_\_

**Due to the new Covid 19 Guidelines, it is mandatory that we have an emergency contact number to reach someone authorized to pick up your child in a timely manner.**

Persons authorized to pick up your child after class:

1. \_\_\_\_\_ Ph: \_\_\_\_\_      2. \_\_\_\_\_ Ph: \_\_\_\_\_

3. \_\_\_\_\_ Ph: \_\_\_\_\_      4. \_\_\_\_\_ Ph: \_\_\_\_\_

**\*\*\*\*EMERGENCY INFORMATION AND ALLERGIES - Please give details\*\*\*\***

Doctor’s Name: \_\_\_\_\_

Address: \_\_\_\_\_ PC: \_\_\_\_\_

Phone: \_\_\_\_\_ Emergency #: \_\_\_\_\_

Emergency Contacts:

**Name:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (Work/Cell) \_\_\_\_\_

**Name:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (Work/Cell) \_\_\_\_\_

**Name:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (Work/Cell) \_\_\_\_\_

Any known allergies: \_\_\_\_\_

**\*Please ensure you have returned a record of ALL immunizations to date.\***

**Windsor Nursery School – Registration Form**  
**Health Questionnaire – Page 1 of 4**

Child's Name: \_\_\_\_\_

NS Health Card #: \_\_\_\_\_ Expiry: \_\_\_\_\_

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**In Case of Emergency:**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone: \_\_\_\_\_ Other #: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Other #: \_\_\_\_\_

<b>Immunization Record – Give Dates Y/M/D</b>					
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>
Datp, Hib					
MMR					
MMR					
OTHER					
Influenza					
Td					
Pneumococcal					
Hep A1					
Hep A2					
Typhoid					
Meningococcal					

Dentist's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Other #: \_\_\_\_\_

**Background Information**

Please list other children living in the household. (First name and age; last name only if different)

1. \_\_\_\_\_ Age: \_\_\_\_\_ 2. \_\_\_\_\_ Age: \_\_\_\_\_

3. \_\_\_\_\_ Age: \_\_\_\_\_ 4. \_\_\_\_\_ Age: \_\_\_\_\_

Language(s) spoken at home: \_\_\_\_\_

Has your child been in childcare arrangements before? Yes \_\_\_\_\_ No \_\_\_\_\_

Please describe your child's experience of being cared for by others.

\_\_\_\_\_

Please describe any previous playgroup experience your child may have had.

\_\_\_\_\_

**Health and Developmental History**

Describe any difficulties or serious illnesses at birth, if any.

\_\_\_\_\_

Describe your child's general health. (Recurring colds, ear infections, stomach aches, etc.)

\_\_\_\_\_

Are there currently any serious medical problems?

\_\_\_\_\_

Is your child taking any medications? \_\_\_\_\_ If yes, what is the medication? And what is it for?

\_\_\_\_\_

Has your child ever been to an optometrist? Y \_\_\_ N\_\_\_ Are there any problems with vision?

\_\_\_\_\_

Has your child ever been to a dentist? Y \_\_\_ N \_\_\_ Are there any dental problems?

\_\_\_\_\_

Describe how your child communicates. \_\_\_\_\_

\_\_\_\_\_

How would you describe your child's emotional, physical and social growth and development to this point, are milestones being met? \_\_\_\_\_

**\*Please ensure you have returned a record of ALL immunizations to date.\***

### Health and Developmental History Continued

Describe your child's diet (include types of food and fluids he/she is now enjoying)

Fluids/Beverages:

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Solids:

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Food Allergies:

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Food Sensitivities:

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Does your child have any allergies to medications or contact allergies? Y \_\_\_ N \_\_\_

If yes, please list:

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Does the allergy require medication or emergency treatment? Y \_\_\_ N \_\_\_

If yes, describe in detail what is to be given and done? \_\_\_\_\_

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Does your child eat peanut butter at home? Y \_\_\_ N \_\_\_

Are there any diet restrictions? (cultural, religious, etc.) \_\_\_\_\_

Describe any particular concerns you have about your child's diet and/or eating habits.

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Describe your child's sleeping habits and routine. \_\_\_\_\_

How frequently does your child have a bowel movement? \_\_\_\_\_

Is your child fully toilet trained? Y \_\_\_ N \_\_\_

### Behaviour Patterns and Habits

Describe your child's behaviour and habits. (ex; temperament, energy level)

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**\*Please ensure you have returned a record of ALL immunizations to date.\***

**Health and Developmental History Continued**

Describe an ordinary day in your child’s life.

Morning: \_\_\_\_\_

\_\_\_\_\_

Afternoon: \_\_\_\_\_

\_\_\_\_\_

Evening: \_\_\_\_\_

\_\_\_\_\_

Describe your child’s particular attachments (ex; toy, blanket, pet, person) and any particular habits (ex; thumb-sucking, rocking).

\_\_\_\_\_

Describe any particular fears your child has shown (ex; animals, bugs, loud noises).

\_\_\_\_\_

Describe how your child reacts to stressful situations (ex; cries, withdraws, has tantrums, nightmares).

\_\_\_\_\_

Describe how your child reacts to new situations.

\_\_\_\_\_

We would appreciate your views on guiding your child’s behaviour and setting limits.

\_\_\_\_\_

Is there any other information that you feel would be useful in helping us to provide good care for your child?

\_\_\_\_\_

**\*Please ensure you have returned a record of ALL immunizations to date.\***

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **Behaviour Management Policy (pg. 13 of Parent Handbook)**

I have read the Windsor Nursery School Behaviour Management Policy and understand that there is a copy of it posted on the Parent Bulletin Board, as well as in the Parent Handbook for me to refer to.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

### **Emergency Consent Form**

I give permission for my son/daughter \_\_\_\_\_, to receive medical attention in the event of an emergency at the Windsor Nursery School.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

### **Permission for Outings**

I give permission for my son/daughter to leave the school property under the supervision of the teachers (for nature walks, sledding, etc.) within the local community. I understand fieldtrips requiring transportation will be issued individual permission slips.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

### **Receipt of Parent Handbook**

This is to confirm that I have received a copy of the Windsor Nursery School Parent Handbook.

Electronic Copy

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

## Permission for Photographs and Videos

The children of the Windsor Nursery School are often randomly photographed during playtime and special activities throughout the school year. Please state if you do or do not grant to the Windsor Nursery School the right to use the photographed/video images of your child in connection with activities of the Windsor Nursery School. This includes, without limitation, the right to reproduce, display, distribute, broadcast and publish such images in any format. The format may include, without limitation, websites, newsletters, promotional materials, newspapers, posters, admissions publications, advertisements, and fund-raising materials. These images may appear in any of the wide variety of formats and media now available and any that may be available in the future; including, without limitation to print, video and electronic format.

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I DO give permission for my child \_\_\_\_\_ 's photograph to be used by the Windsor Nursery School as stated above.

## OR

I DO NOT give permission for my child \_\_\_\_\_ 's photograph to be used by the Windsor Nursery School as stated above.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent/Guardian Signature)