

HAPPY DAY CHRISTIAN KINDERGARTEN

153 Mount Edward Road
Charlottetown, Prince Edward Island C1A 5T1
Telephone: (902) 892-1234

REGISTRATION FORM 2011-12

STUDENT INFORMATION

Child's full name: _____

Date of birth:(D/M/Y) _____ Health number: _____

Address: _____

Postal code: _____ Phone: _____

Male or female: _____ Elementary school my child will attend: _____

	Father	Mother
Name		
Address (if different than above)		
Home Number		
Occupation		
Work number		
Cell number		

Persons to contact in emergency if the parents are unavailable

Name	Address	Phone Number

Language spoken at home _____

Other children's names (oldest to youngest & age) _____

(S=sister, B =brother) _____

Other members of the household _____

Physical And Emotional Status Of The Child:

Your child's doctor and phone number _____

Is your child fully immunized? Yes _____ No _____

Does your child have allergies? Yes _____ No _____

If yes, to what? _____

What are the symptoms? _____

Are any of them Life threatening? Yes _____ No _____

Will your child have an EpiPen? Yes _____ No _____

Any special needs? _____

Has your child been tested for Hearing _____ Speech _____ Vision _____

Are there any professionals who have worked with your child or are presently working with him/her (speech therapist, physiotherapist, social worker, etc.?)

Is your child right or left handed? _____

Does your child cry easily Yes _____ No _____

Does your child have any fears? _____

Washroom habits: Does your child need assistance? Please specify

Supervision _____ Changing clothes _____

Reminders _____ Wiping _____

Social Contacts and Experiences:

What are some of your child's interests? _____

Has your child been part of any of the following activities? Check all that apply

Dance ____ Music ____ Drama ____ Play group ____ Daycare ____

Sunday School ____ Sports ____ Other _____

Do playmates come to the house? Frequently ____ Often ____ Occasionally ____

Does your child visit other homes? Frequently ____ Often ____ Occasionally ____

Language development:

Is your child's speech easily understood by others? Yes ____ No ____

If not, explain _____

Will your child have a relative or a special friend(s) attending HDCK? _____

Program options: Please check off the option you would like for your child.

		1 st Choice	2 nd Choice
RE-KINDERGARTEN PROGRAM			
3 Half day mornings (Mon, Wed, Fri)	8:30 - 12:00		
3 Full days (Mon, Wed, Fri)	8:30 - 4:00		
2 Half day mornings (Tue, Thu)	8:30 - 12:00		
2 Full days (Tue, Thu)	8:30 - 4:00		
5 half days mornings	8:30 - 12:00		
5 full days	8:30 - 4:00		
Early Bird Option – 5 mornings	8:15am - 8:30am		
Lunch Time	12:00 - 1:00		

In the event of a serious injury to my child, _____, and the supervisor / staff of Happy Day Christian Kindergarten are not able to reach me (or my husband, wife, guardian, etc.), I hereby give permission to the supervisor or designated staff person to act on my behalf in obtaining and/or authorizing emergency medical treatment for my child. I understand that any treatment would be on the advice of a qualified medical doctor.

Parent / guardian signature: _____

THE DEPARTMENT OF HEALTH AND SOCIAL SERVICES regulations require that Happy Day Christian Kindergarten have the names of one or two persons that your child may be released to other than yourself at the time (s)he is to be picked up. Your child will not be released to anyone else unless the kindergarten has been notified by his/her parent the previous day or a staff member can reach the child's parent to confirm by phone that the child may leave the Kindergarten with this person.

	Name of Person Authorized to Pick Up My Child	Relationship to My Child
1		
2		
3		
4		