

IKEBATA NURSERY SCHOOL REGISTRATION FORM

FOR OFFICE USE ONLY

Date of Admission _____

Date of Discharge _____

FOR OFFICE USE ONLY

Registration Form received on: _____

First month's tuition received: Amount: \$ _____

Date received: _____ Staff received: _____

*Please write **Desired Start Date** _____

Child's Name (First, Middle, Last) _____

Name to be used at the nursery (First, Last) _____

Japanese writing (ナーサリーで使用したい表記方法: ひらがな または カタカナで) _____

Birth Date Y/ _____ M/ _____ D/ _____ Male Female First Contact Phone (_____) _____

Home Address _____ City/Postal Code _____

Guardian Information

*Please write a number beside each phone number to indicate which number to call ①, ②, ③ etc. in case of an emergency.

Name _____ Relationship to Child: _____

Language spoken at home _____ Preferred communication English Japanese

Home Address _____ City/Postal Code _____

Phone #1 (_____) _____ Phone #2 (_____) _____

Email _____ Add to Mailing list: Yes No

Name _____ Relationship to Child: _____

Language spoken at home _____ Preferred communication English Japanese

Home Address _____ City/Postal Code _____

Phone #1 (_____) _____ Phone #2 (_____) _____

Email _____ Add to Mailing list: Yes No

Emergency contact: In the case of emergency, if parents cannot be reached, the following individual may be contacted and the child may be released. *Authorized person must live/work within the GTA area.

Name _____ Phone # _____ Relationship _____

Parent's consent to release a child to Authorized person(s):

I (parent), hereby give my consent to Ikebata Nursery School staff to release my child to the following authorized person(s) without any advance notice by phone, email etc. from me.

Parents only

Name _____ Phone # _____ Relationship _____

Name _____ Phone # _____ Relationship _____

Name _____ Phone # _____ Relationship _____

Program Hours: 7:45am-6:00pm

Requested Attending Days:

- Full time (5days/week)
- Part Time (2days/week) *Tuesday & Thursday
- Part Time (3days/week) *Monday, Wednesday, Friday

***A non-refundable first month's tuition is required at the time of enrolment.**

***Please note that to be on the waiting list does NOT guarantee your spot for the desired starting date.**

***No Half-day programs nor 1day/wk program are offered due to a limited capacity.**

Information

***Please provide a copy of your child’s Immunization record or Exemption prior to your child’s first day of care.**

Doctor’s Name _____ Phone () _____ Address _____

Any Allergies/Food Restrictions? No Yes *If yes, fill out the separate allergy info form. Epi-pen? No Yes

Special Medical or other Important Information _____

If your child has had any history of communicable diseases (e.g. chicken pox, measles), please list them below.

Is there anything else you can think of that would help us to know and understand your child better?
(Physical abilities, personality, characteristics, eating habits, sleeping habits, likes and dislikes, etc.)

PARENT’S MEDICAL AND GENERAL CONSENT

- I hereby state that all information is true and correct to the best of my knowledge.
- I have read and understood the Ikebata Nursery School Parent Handbook, and I understand that it is my responsibility to follow through with the Nursery Policies at all times.
- I hereby give consent to Ikebata Nursery School to have my child transport to the hospital by ambulance, examined and treated by a physician in case of a serious occurrence.
- I hereby give permission for my child to take part in any outing planned and supervised by Ikebata Nursery School staff. (A detailed consent form will be provided for all field trips to be signed by parents/caregivers.)
- If for some reason it becomes necessary to withdraw my child, a minimum notice of 4 weeks is required OR 4 week’s fee in lieu of notice.
- The following **non-prescription** items may be applied to my child in accordance with the manufacturer’s instructions on the original container. (Please check off)

Hand sanitizers Vaseline Sunscreen Diaper Creams/Ointment Lotion Lip balm

*We will provide Hand sanitizers and Vaseline. Please provide the other items as needed labeled with child’s name.

Parent’s signature _____ Date _____

CHILDREN’S PHOTOS/VIDEOS CONSENT

We post children’s photos & videos on the internet to introduce/share some of the daily & special activities at Ikebata Nursery School. Please sign below for permission to have your child’s photos/videos to be posted on the internet on the following condition:

YES, I hereby give permission for my child’s photos to be published on the internet.
(For example: Ikebata Nursery School’s Homepage & Facebook, Websites that introduces about Ikebata Nursery School) as well as on the “Password Protected” web pages such as Google Photos & Blog. **OR**

YES, I hereby give permission for my child’s photos/videos to be posted on Ikebata Nursery School’s “Password Protected” web pages **only**, such as Google Photos & Blog as well as our Newsletter. **OR**

NO, I do not want my child’s photos/videos to be posted on ANY of the above mentioned websites.

Parent’s signature _____ Date _____