

# The Chestnut Tree Pre-School Inc., REGISTRATION FORM



Grimsby Daycare

Today's Date:	Start Date:	Withdraw Date:
<b>CHILD INFORMATION</b>		
Child's Last Name:	First:	Middle:
Birth date: / /	Age:	Sex: <input type="checkbox"/> F <input type="checkbox"/> M
Street address:		Home phone no.: ( )
City:	Province:	Postal Code:      Email:
Remarks: (Special Information)		

<b>PARENT (OR) GUARDIAN INFORMATION</b>			
Mother's Name		First:	Middle
Address (if different):		Home phone no.: ( )	Cell phone no.: ( )
Occupation:	Employer:	Employer address:	Employer phone no.: ( )
Father's Name		First:	Middle
Address (if different):		Home phone no.: ( )	Cell phone no.: ( )
Occupation:	Employer:	Employer address:	Employer phone no.: ( )

<b>IN CASE OF EMERGENCY</b>				
Name of local friend or relative (not living at same address):		Relationship to child:	Home phone no.: ( )	Work phone no.: ( )
Child's Physicians Name	Physician's address		Work phone no.: ( )	

\_\_\_\_\_  
*Patient/Guardian signature*

\_\_\_\_\_  
*Date*

# The Chestnut Tree Pre-School Inc., IDENTIFYING DATA



Grimsby Daycare

Child's Name	
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**FAMILY & SOCIAL HISTORY**

Mother's Name	Father's Name	Guardian's name (if applicable)
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Marital Status  
 Married Living Together       Divorced    How Long? \_\_\_\_\_       Separated    How Long? \_\_\_\_\_

Stepmother's name (if applicable)	Stepfather's name (If applicable)	
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Remarks: (Special Information)

**Brother's & Sisters of the Child**

Name:	Birth date:	Grade in School :
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Name:	Birth date:	Grade in School:
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Name:	Birth date:	Grade in School :
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Other Members of the household	Relationship
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Has the Child had a play Group Experience?      Yes       No       If yes where

In general how does your child react to a stressful situation?

What method of behavior control is used in your home?	What is your child's usual reaction?
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How would you describe your child's personality?

How does your child relate to other children?  
Friendly       Aggressive       Hesitant

What do you expect your child to gain by attending pre-school?

Are there any other conditions or information of the Parent/Child status that would help the teachers in their work with your preschooler? If so please elaborate:

<i>Patient/Guardian signature</i>	<i>Date</i>
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# The Chestnut Tree Pre-School Inc., CHILD DEVELOPMENTAL HISTORY



Grimsby Daycare

## APPROXIMATE AGE AT WHICH YOUR CHILD

Named Simple Objects	Repeated Short Sentences	Began Toilet Training
Word your child uses for urination		Word your child uses for bowel movement
Does your child have to be reminded to use the washroom? Yes <input type="checkbox"/> No <input type="checkbox"/>		Usual Time for a bowel movement
Is your child...? Right handed <input type="checkbox"/> Left handed <input type="checkbox"/>	What time does your child usually go to bed at nights?	Does your child sleep well? Yes <input type="checkbox"/> No <input type="checkbox"/>
Remarks: (Special Information)		

## DIETARY REQUIRMENTS

Is the Family Vegetarian? Yes <input type="checkbox"/> No <input type="checkbox"/>	Other dietary restrictions: (please elaborate)
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## SOCIAL & LEARNING DEVELOPMENT

What are your child's favorite indoor activities?	
Does your child have fears that you are aware of?	Does Your child Speak English? Yes <input type="checkbox"/> No <input type="checkbox"/> Other Languages:

If you are interested in your child being considered for the integration program due to an identified special needs. Please use this area to elaborate your concerns:

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\_\_\_\_\_  
*Patient/Guardian signature*

\_\_\_\_\_  
*Date*

# The Chestnut Tree Pre-School Inc., PROGRAM SELECTION



Grimsby Daycare

Child's Name	Child's Age	Requested Start Date
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### PROGRAM PREFERENCE

Toddler	Mon	Tues	Wed	Thurs	Fri
Full Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preschool	Mon	Tues	Wed	Thurs	Fri
Full Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Half Day Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks:

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### DEPOSIT – RATES & FEE REQUIREMENTS

Daycare fees must be received before the first of each month, post dated cheques are required. Cheques are to be made payable to The Chestnut Tree Preschool Inc. There is a required \$200.00 deposit, payable to the centre along with your child's application forms. This amount is refundable up to 60 days prior to your enrolment start date, after which no refund will be issued. A \$150 of your deposit will be applied to your last month's fee payment; \$50 is a registration fee. All childcare spaces are allocated based on 12 months a year. Half-day care will be considered once all full time spots have been allocated. Care is on a first come first serve bases. Parents are required to pay for a minimum of 2 days per week, if your child attends school on alternate days, you will be required to pay for that alternating day that your child is attending school. (eg) If you child attends school Monday, Wednesday and alternating Fridays, you will be charged daycare fees for every Tuesday, Thursday and Friday or 3 days per week.

Deposit *required	Amount Included \$200	<input type="checkbox"/> YES	Attached <input type="checkbox"/> NO
First Months Payment *required (refer to the fee guide)	\$	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Post Dated Checks	\$	<input type="checkbox"/> YES	<input type="checkbox"/> NO

There is a \$25.00 charge for all NSF checks. If paying monthly (12 cheques) or bi-weekly (26 cheques) please give your post-dated cheques to the Supervising Teacher or use the drop lock box located at the front of the school or by return mail. Cheques are preferred, however cash will be accepted only if paid directly to the Supervising Teacher and a receipt is issued. Annual receipts will be issued for income tax purposes.

### FEE GUIDE

Rates	Full-Time Daily Rate	Full-Time Weekly Rate	Monthly Fee	Half Day Rate	Half-Day Weekly Rate	Monthly Fee
Toddler	\$44	\$220	\$954			
Preschooler	\$42	\$210	\$910	\$33	\$165	\$715

<i>Patient/Guardian signature</i>	<i>Date</i>
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