

READY, SET, GROW PRESCHOOL

5703-50 Ave , Beaumont, AB 780-929-2820

(located in the basement of the Anglican Church)

CHILD'S NAME

(SURNAME)

(GIVEN NAMES)

MOTHER:

Name: _____

Full Address: _____

Residential Telephone # _____ Cell# _____

E-Mail Address: _____

Occupation: _____ Work# _____

FATHER:

Name: _____

Full Address (If different from above): _____

Residential Telephone# _____ Cell: _____

E-mail Address: _____

Occupation: _____ Work # _____

**EMERGENCY CONTACT INFORMATION(other than yourselves)

Name: _____

Full Address (this is very important) _____

Residential Phone# _____ Cell# _____

MEDICAL INFORMATION:

Child's Date of Birth: _____

AHC #: _____

Child's Gender: _____

Doctor's Name: _____ Phone #: _____

Are all Immunizations up to date? Yes _____ or No _____

Does your child have any medical or emotional conditions requiring treatment or supervision? Yes _____ No _____. If yes, please explain

Preferable Class (Please check one)

2 DAY Program _____ 3Day Program _____

AM _____ PM _____

ADDITIONAL INFORMATION

Does your child have previous Preschool/Playschool experience? _____

Language spoken at home _____

Other Siblings? If so their ages: _____

****I the parent fully understand the following: While due care will be taken for the pupils of RSG Preschool. Neither, St Columba Church or Ready, Set, Grow Preschool will accept any responsibility for any accidents or injuries sustained while on Preschool property. Children MUST be toilet trained to enter our program.**

PARENT'S SIGNATURE: _____