REGISTRATION FORM

Burke Mountain Preschool

www.bmpreschool.com

604-475-5834

SCHOOL YEAR: ____

CHILD INFORMATION

Surname: _____ Given Names: _____

Name child responds to: _____ Male: _____ Female: _____

Street Address: _____ City: _____

Postal Code: _____ Phone: _____

Child's First Language: _____ Second Language: _____

PARENT/GUARDIAN

1.) Name: _____ Mother: ____ Father: ____ Guardian: ____

Address: _____ Home Phone: _____

Place of Work: _____ Work Phone: _____

Cell Phone: _____

2.) Name: _____ Mother: ____ Father: ____ Guardian: ____

Address: _____ Home Phone: _____

Place of Work: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

ALTERNATIVE EMERGENCY CONTACT

1.) Name: _____ Relationship: _____

Phone Number: _____ Cell Phone: _____

2.) Name: _____ Relationship: _____

Phone Number: _____ Cell Phone: _____

PERSON(S) AUTHORIZED PICK UP CHILD

1.) Name:_____ Relationship:_____

Phone Number:_____ Cell Phone:_____

2.) Name:_____ Relationship:_____

Phone Number:_____ Cell Phone:_____

3.) Name:_____ Relationship:_____

Phone Number:_____ Cell Phone:_____

CUSTODY AGREEMENT DETAILS Attach Copy of Court Order (If Applicable)

_____

_____

_____

_____

EMERGENCY HEALTH INFORMATION

Doctor:_____ Phone:_____ Address:_____

Dentist:_____ Phone:_____ Address:_____

Care Card Number:_____

IMMUNIZATION INFORMATION

DPT - Diphtheria, Pertussis, Tetanus (Year/Month/Day)
1._____
2._____
3._____
4._____ ! ! MMR-Measles, Mumps, Rubella(Year,
5._____ ! ! Month, Day)
! ! ! ! ! ! Measles_____

Polio(Year/Month/Day)! ! ! Mumps_____
1._____! ! Rubella_____
2._____! ! MR(Second Dose Measles, Rubella)
3._____! ! _____
4._____

HIB - Heamophilus Influenza Type B Meningitis - should have between 1 and 4 doses depending on age started.(Year/Month/Day)
1._____
2._____
3._____
4._____

☐My child was not immunized

HAS YOUR CHILD PREVIOUSLY ATTENDED DAYCARE OR PRESCHOOL?

Yes:_____No:_____Facility name:_____

WHICH CLASS DO YOU PREFER? (please give a second choice)

M/W/F AM:_____T/TH AM:_____M/W/F PM:_____T/TH PM:_____

HEALTH/NUTRITION - SOCIAL & EMOTIONAL DEVELOPMENT

Was The Child born with illness we need to know about?_____

Any Vision Problems:! Yes:____No:_____

Speech/Language Problem! Yes:_____No:_____

Hearing Problem:! ! Yes:_____No:_____

Take Medication: ! ! Yes:_____No:_____

Have Allergies: Yes:_____No:_____

Special Diet: Yes:_____No:_____

(pleas specify on YES)_____

_____

_____

Are there any cultural or religious abstentions that the school should know about in your family?(Kosher home,no pork..)_____

Can you contribute to school program through an ethnic presentation?_____

How did you hear about preschool? Website:_____Friend:_____

Preschool Sign:_____Ad:_____Other(please specify)_____

Signature of Parent/Guardian:_____ **Date:**_____