



PIUS XII AREA CALL: (705) 566-1777 or

Email: nath@vianet.ca

Before School.... 7.30 am to 08.30 am

After School.....3.30 pm to 06.00 pm (5.30pm at John Street)

FOR MORE INFORMATION VISIT THE WEBSITE AT:

www.mapletree.vianet.ca

BELOW IS THE REGISTRATION FORM

MAPLE TREE PRESCHOOL

" A PROGRESSIVE ALTERNATIVE TO DAY CARE."

158 John Street, Sudbury, Ontario, P3E 1H4 (705) 669 1886 nath@vianet.on.ca

2993 Algonquin Road, Sudbury, Ontario, P3E 4X5 (705) 522 9958

41 Ramsey Lake Road, Sudbury, Ontario, P3E 5J1 Ph: & Fax (705) 523 7057

Registration Form

Family Name: _____ Child's Name _____
Date Of Birth _____ Nickname _____
Address _____ Email _____
Postal Code _____ Phone Home _____
Mother's Name _____ Work Telephone _____
Employer _____
Father's Name _____ Work Phone _____
Employer _____
Doctor _____ Telephone _____
Address _____ Health Card Number _____

Names of persons authorized to take the child out of the Preschool. A written note must be given, if for any reason you need someone else to pick up the child.

1 Name _____ Telephone _____
Address _____ Relationship _____
2 Name _____ Telephone _____
Address _____ Relationship _____

Emergency person (other than parent or guardian)

1 Name _____ Telephone _____
Address _____ Relationship _____
2 Name _____ Telephone _____
Address _____ Relationship _____

Personal and Health History

Daily Routine

Any Allergies ? _____
Any food dislikes? _____
Any eating problems? _____
Special requirement for rest and diet ? _____

Immunisation Dates

* Please photocopy yellow immunisation card and attach.

Illnesses (approximate dates)

Chicken Pox _____ Scarlet Fever _____
Red Measles _____ Rheumatic Fever _____

Mumps _____ Pneumonia _____
Whooping Cough _____ Bronchitis _____
Rubella _____ Others _____

Hospitalization (nature and dates) _____

Accidents (nature and dates) _____

Social - Emotional History

Do you feel your child has any “special needs”? Are you currently or have you been involved with Child Care Resources?

How do you feel your child will benefit from her/his experience at our Preschool?

What kinds of experiences would you like your child to become involved in?

Would you (or other members of the family) like to become involved at the Preschool?

Anything else you can tell us about your child and family?

Last Day at School (To be filled in at the time of leaving the school) : _____

Parent’s Signature _____ Date _____

Supervisor’s Signature: _____ Date: _____