

**Westend Community Playschool
Registration Form 2012-2013
MUST BE COMPLETED IN FULL**

Child's family (last) name _____ Given name(s) _____	
Child's Address _____	
Date of Birth _____ Boy ___ Girl ___ Health Care Registration # _____	
Parent #1 name _____	Parent #2 name _____
Home address _____	Home address _____
Postal Code _____	Postal Code _____
Phone (home) _____	Phone (home) _____
Phone (work) _____	Phone (work) _____
Phone (cell) _____	Phone (cell) _____
E-mail address _____	E-mail address _____
Please notify a teacher if someone other than a parent is picking up/dropping off your child.	
SEPARATION / DIVORCE	
Is there someone that is not allowed to pick up the child? Yes _____ No _____ If yes, please provide court documents that clearly identify the individual(s) of concern.	
FAMILY PHYSICIAN	
Name _____	Phone _____ Address _____
EMERGENCY CONTACT (whom child can be released to)	
Name _____	Phone _____ Address _____
I consent to the administration of health care by the staff of the Westend Community Playschool. If emergency assistance is required, I understand the medical professionals will decide where medical assistance will be sought. I acknowledge that I will be responsible for the cost of ambulance services, if any: Yes ___ No ___ Initial _____	
All relevant health information (i.e. allergies) *IF NONE, PLEASE STATE "NONE" *	

Does your child require medication that must be given on a daily basis? Yes ___ No ___ If "yes", please state what the medication is and why it must be given: _____	
Has your child been immunized? Yes ___ No ___	
Has your child had any of the following: ___ Red Measles, ___ Mumps, ___ Heart Trouble, ___ Head Injury, ___ Diabetes In the past year, has your child had any of the following: ___ difficulty with speech, ___ difficulty with eyesight	
I give permission for my child to leave the premises for walks, visits to the playground, etc. Y ___ N ___ Initial _____	
I give permission to release my child's name, my name, email and phone # for a class directory. Y ___ N ___ Initial _____	
I give permission to allow my child to be photographed (possibly used on our web site). Y ___ N ___ Initial _____	
I understand that the playschool generates a large portion of funding at a VOLUNTEER run casino event, once every two years. I will be asked to provide one person to represent our family at this fund raising event. Initial _____ Please see website (www.wecp.ca) for more details.	
SIGNATURE OF PARENT _____ DATE _____	

Westend Community Playschool 2012-2013 Volunteer Form

Please consider getting involved and volunteering at our playschool. Our Volunteer Parent Advisory Board meets on the first Monday of every month from 1:00pm-2:30pm. Childcare is provided.

Please check those positions you would be interested in filling.

Chairperson	Laurie Moreau	Purchaser	Sarah MacLeod
Vice Chairperson	Shannon Harwood	Fundraiser	
Treasurer	Carla Madra	Asst. Fundraiser	
Asst. Treasurer		Registrar-3 year	
Advertiser	Alicia Chantal	Registrar-4 year	Amy Ma
Secretary		Snack Roster	

- I am looking forward to volunteering in some manner at WECP _____
- I am willing to provide childcare during WECP board meetings (paid position) _____
- I am willing to work as a substitute Teacher's Assistant (paid position) _____

How did you learn about the Westend Community Playschool? _____

What community do you live in? _____ (*for advertising purposes only)

2012-2013 Programs Offered

PLEASE STATE YOUR FIRST AND SECOND PREFERENCES:

Class	Days	Times	Cost/month	Preferences
3 Year old - AM	Monday & Wednesday	9:00am - 11:15am	\$95.00	
3 Year old - AM	Tuesday & Thursday	9:00am - 11:15am	\$95.00	
3 & 4 Year old – PM <small>* Must be 3 years by June 30th (3.5 years on first day of classes)</small>	Monday & Wednesday	1:00pm – 3:15pm	\$95.00	
4 Year old – AM	Mon/Tues/Wed	9:00am – 11:30am	\$155.00	
4 Year old – PM	Mon/Tues/Wed	12:45pm – 3:15pm	\$155.00	

OPTIONAL CLASS – must be 4 years old by December 30th

4 Year old – Science	Thursday Morning	9:00am – 11:30am	\$60.00	
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I understand that the \$50.00 registration fee is non-refundable under any circumstance. ____ (Initial)

I understand that on the years WECP is to host a casino event (even years), a refundable cheque of \$250 is required from each family. Once a volunteer form has been submitted and the assignment completed, the cheque will be returned. ____ (Initial) ****REQUIRED for 2012-2013 school year****

CHILD'S NAME _____

PARENT'S NAME _____ **PHONE #** _____

SIGNATURE OF PARENT _____ **DATE** _____

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Phone: (780) 444-0221

Web site: www.wecp.ca
Email: westendplayschool@yahoo.ca