



Windsor Nursery School – Registration Form

Date Received: _____

Child’s Full Name: _____

NS Health Card #: _____ DOB: ____/____/____

Expiry Date: _____ DD MM YY

Care Needed: Full-day

Days Needed: Monday-Friday Other-Specify days: _____

Parents/Guardians:

Name: _____

Occupation: _____

Civic Address: _____

Mailing Address: _____ PC: _____

Phone: (H) _____ (Work/Cell) _____

E-mail: _____

Name: _____

Occupation: _____

Civic Address: _____

Mailing Address: _____ PC: _____

Phone: (H) _____ (Work/Cell) _____

E-mail: _____

****It is mandatory that we have an emergency contact name and number**
to reach someone authorized to pick up your child in a timely manner**

Persons authorized to pick up your child anytime:

1. _____ Ph: _____ 2. _____ Ph: _____

3. _____ Ph: _____ 4. _____ Ph: _____

******EMERGENCY INFORMATION AND ALLERGIES - Please give details******

Doctor’s Name: _____

Address: _____ PC: _____

Phone: _____ Emergency #: _____

Emergency Contacts:

Name: _____ Relationship: _____

Phone: (H) _____ (Work/Cell) _____

Name: _____ Relationship: _____

Phone: (H) _____ (Work/Cell) _____

Name: _____ Relationship: _____

Phone: (H) _____ (Work/Cell) _____

Any known allergies: _____

Please ensure you have returned a record of ALL immunizations to date.

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Child's Name: _____

	Immunization Record				
	Give Dates Y/M/D				
	1 st	2 nd	3 rd	4 th	5 th
Datp, Hib					
MMR					
MMR					
OTHER					
Influenza					
Td					
Pneumococcal					
Hep A1					
Hep A2					
Typhoid					
Meningococcal					

Dentist's Name: _____

Address: _____

Phone: _____ Other #: _____

Background Information

Please list other children living in the household. (First name and age; last name only if different)

1. _____ Age: _____ 2. _____ Age: _____

3. _____ Age: _____ 4. _____ Age: _____

Language(s) spoken at home: _____

Has your child been in childcare arrangements before? Yes _____ No _____

Please describe your child's experience of being cared for by others.

Please describe any previous playgroup experience your child may have had.

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Describe any difficulties or serious illnesses at birth, if any.

Describe your child's general health. (Recurring colds, ear infections, stomach aches, etc.)

Are there currently any serious medical problems?

Is your child taking any medications? _____ If yes, what is the medication? And what is it for?

Has your child ever been to an optometrist? Y ___ N___ Are there any problems with vision?

Has your child ever had their hearing tested? Y ___ N ___ Are there any hearing problems?

Describe how your child communicates. _____

How would you describe your child's emotional, physical and social growth and development to this point, are milestones being met? _____

Describe your child's diet (include types of food and fluids he/she is now enjoying)

Fluids/Beverages:

Solids:

Food Allergies:

Food Sensitivities:

Does your child have any allergies to medications or contact allergies? Y ___ N ___

If yes, please list: _____

Does the allergy require medication or emergency treatment? Y ___ N ___

If yes, describe what is to be given and done? _____

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Does your child eat peanut butter at home? Y ___ N ___

Are there any diet restrictions? (cultural, religious, etc.) _____

Describe any particular concerns you have about your child's diet and/or eating habits.

Describe your child's sleeping habits and routine. _____

How frequently does your child have a bowel movement? _____

Is your child fully toilet trained? Y ___ N ___

Describe your child's behaviour and habits. (ex; temperament, energy level)

Describe an ordinary day in your child's life.

Morning: _____

Afternoon: _____

Evening: _____

Describe your child's particular attachments (ex; toy, blanket, pet, person) and any particular habits (ex; thumb-sucking, rocking).

Describe any particular fears your child has shown (ex; animals, bugs, loud noises).

Describe how your child reacts to stressful situations (ex; cries, withdraws, has tantrums, nightmares).

Describe how your child reacts to new situations.

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We would appreciate your views on guiding your child’s behaviour and setting limits.

Is there any other information that you feel would be useful in helping us to provide good care for your child?

Health Questionnaire

Parent/Guardian Signature: _____ Date: _____

Permission for Photographs and Videos

The children of the Windsor Nursery School are often randomly photographed during playtime and special activities throughout the school year. Please state if you do or do not grant to the Windsor Nursery School the right to use the photographed/video images of your child in connection with activities of the Windsor Nursery School.

This includes, without limitation, the right to reproduce, display, distribute, broadcast and publish such images in any format. The format may include, without limitation, websites, newsletters, promotional materials, newspapers, posters, admissions publications, advertisements, and fund-raising materials. These images may appear in any of the wide variety of formats and media now available and any that may be available in the future; including, without limitation to print, video and electronic format.

Initial YES _____ NO _____

Photos posted to the HI MAMA app.

Initial YES _____ NO _____

Photos of children are used as part of our daily reflection/observations and in this case are used solely for the purpose of the teachers/school records and these will not be shared.

Initial YES _____ NO _____

(Parent/Guardian Signature)

(Date)

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Signature Page

Behaviour Management Policy (pg. 13 of Parent Handbook)

I have read the Windsor Nursery School Behaviour Management Policy and understand that there is a copy of it posted on the Parent Bulletin Board, as well as in the Parent Handbook for me to refer to.

(Parent/Guardian Signature)

(Date)

Emergency Consent Form

I give permission for my child _____, to receive medical attention in the event of an emergency at the Windsor Nursery School.

(Parent/Guardian Signature)

(Date)

Permission for Outings

I give permission for my child to leave the school property under the supervision of the teachers (for nature walks, sledding, etc.) within the local community. I understand fieldtrips requiring transportation will be issued individual permission slips.

(Parent/Guardian Signature)

(Date)

Receipt of Parent Handbook

This is to confirm that I have received a copy of the Windsor Nursery School Parent Handbook 2022.

Electronic Copy

Paper Copy

(Parent/Guardian Signature)

(Date)

Parent/Guardian Contract

Upon enrolling my child, _____ at the Windsor Nursery School, I agree to the financial information in the Parent Handbook updated 2022.

(Parent/Guardian Signature)

Date

Thank you for submitting a registration form for your child and welcome to the Windsor Nursery School!

-----Administration Use-----

Date of Admission: _____ Full time: _____ Part time: _____

Date of Withdrawal: _____ Reason for withdrawal: _____