



75 Woodlawn Ave. Winnipeg, MB R2M 2P3
431-788-6883 greendelltinytots@gmail.com
Programs run from September – May, 4 days a week (Monday-Thursday)

Choose one: **3/4 Year Program: 9:00-11:30AM**
 4/5 Year Program: 12:30-3:00PM

Child's Full Name: _____

Date of Birth: YY/MM/DD _____ **Gender:** _____

Home Address: _____ **Nickname:** _____

Parent/Guardian 1 Name: _____ **Relationship:** _____

Address: _____ **Phone#:** _____

Email: _____ **Place of work:** _____ **Work #:** _____

Parent/Guardian 2 Name: _____ **Relationship:** _____

Address: _____ **Phone#:** _____

Email: _____ **Place of work:** _____ **Work #:** _____

List all authorized Pick-Up Persons:

1. _____ Phone #: _____ Relationship: _____

2. _____ Phone #: _____ Relationship: _____

3. _____ Phone #: _____ Relationship: _____

Emergency Contact & Medical Information

Emergency Contact (other than parents):

Name: _____ **Phone #:** _____ **Relationship:** _____

Address: _____

Family Doctor: _____ **Phone:** _____

Childs Medical #'s: MHSC (6 digits) _____ **INDIVIDUAL (9 digits)** _____

Allergies: (List & describe severity of reactions) _____

Is your child prescribed an EPI Pen / Puffer / Medications? (circle and list) _____

Medical Conditions: (List all diagnosed and suspected conditions) _____

Specialists/ therapy visits (SLP, OT etc.): _____

Home dynamics: Siblings and their ages _____

Are there any custody agreements/ Court Orders in place? (if yes provide copies) Yes No

Adults residing in home with child _____

Languages spoken in home: _____ Is child fluent in English? YES / NO

Culture/ Background/ Self-Identify as: (OPTIONAL) _____

Any cultural holidays/Special events child observes or does NOT participate in? _____

Daily schedule/ routines:

Is child toilet trained? Yes No Do they currently wear a pull-up during the day? Yes No

Does child nap? Yes No If yes, what time is their nap? _____ Duration? _____

Approximate bed time: _____ Approximate wake up time: _____

How does child spend their day? _____

Parent/Guardian Agreement By signing below, the parent/guardian agrees to the following:

- To comply with all program policies and procedures.
- To notify staff of any changes in contact or medical information.
- To pay all fees on time as outlined in the fee schedule.
- To provide at least two weeks' notice for withdrawal from the program.
- **Late Pick-Up:** A fee of \$10 for first 15 minutes and \$5 per following 15 minutes.
- **Illness:** Children must be symptom-free (without Tylenol/ Advil) for 24 hours before returning.
- **Holidays:** The center is closed on statutory holidays, Spring break and Winter break.

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

Photo Release Form I give permission for my child's photo to be used for: Program materials, classroom displays, website content, social media Yes No

Seesaw posts seen by parent/guardians of children enrolled in child's class Yes No

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

Thank you for completing the registration package.

Please return the completed form. Once your child's placement in the requested program has been confirmed by the director submit payment of the non-refundable \$100 registration fee.

See fee-schedule for payment details.