



Registration Form



Child's full name _____
Child's age _____ Gender _____ Birth date _____
Place of birth _____ Nationality _____

How would you describe your child's personality?

What is your method to discipline your child at home?

What are your expectations from Toddler House Preschool?

What would you like the teachers to know about your child?

Has your child been to any preschool before? _____

If yes, which preschool?

Please mention reason to leave school

Applying for the year _____ term _____ for age group of _____ years.
PS: Kindly attach your child's Birth certificate with the form

Parents/Guardians

Father/Guardian's Name: _____

Home Phone: _____

Home Address: _____

Nationality: _____

Occupation/Workplace: _____

Work Phone: _____

Work Address: _____

Email Address: _____

Mother/Guardian's Name: _____

Home Phone: _____

Home Address: _____

Nationality: _____

Occupation/Workplace: _____

Work Phone: _____

Work Address: _____

Email Address: _____

Parents are (Check all that apply)

Living Together () Separated () Divorced () Widowed ()

Emergency Contact 1:

Name _____

Relationship _____

Phone _____

Emergency Contact 2:

Name _____

Relationship _____

Phone _____

Parent's /Guardian's signature: _____

Social - Development - Health History

Important Notes for Parents

- a) For student safety, please ensure that the emergency contact information for your child, provided at the time of registration, is up to date and accurate prior to the first day of school, and throughout the school year.
- b) The personal information collected on this form is private and confidential and will be used by authorized school staff for programming. This document will be stored in your child's portfolio.

A: Life Threatening Allergies:

- 1) Does your child have any life-threatening medical conditions? Yes No
My child's medical condition is: _____

B: Home Environment:

- 1) Adults/children in the home:

Name	Relation to child (mother, father, sister, brother, etc.)	Language(s) spoken with child

- 2) Current Caregiver/Daycare Information (if applicable):

Name: _____ Tel: _____

C: Health Information Section:

- 1) Does your child have health concerns of which we need to be aware?

Allergies Hearing Vision Speech Prescribed Medication

Other _____

2) Are there any events in your child's life that you would like to share that could impact your child's learning (e.g. birth of a baby, death of a family member, etc.) that we need to be aware of?

3) Has your child received any services/interventions (e.g. speech/language, occupational therapy, psychologist, neurologist, developmental pediatrician, etc.) from any community or private agencies during pre-school years (e.g. First Words, CHEO, OCTC, etc....) that you feel we need to know about?

D. Language Information Section:

1) What is the language used most often by your child?

At home _____ At preschool _____ With caregiver _____

2) Does your child speak clearly enough to be understood most of the time by:

Other children? Yes No

Family members? Yes No

Other adults? Yes No

3) Do you have any concerns about your child's ability to communicate in his/her first language (e.g. speaks clearly, vocabulary, grammar, listening, understanding/answering questions, telling stories)?

Yes No

Other _____

4) How does your child communicate his/her likes, dislikes, needs to you and others in their first language (e.g. uses words, sentences, points, gestures)?

E: Social Information Section:

1) What strategies do you use to help support your child when he/she is exhibiting challenging behaviour?

2) On a typical day, what type of activities does your child engage in, and with what frequency?

Being read to: _____ Playing alone: _____

T.V. viewing: _____ Playing with others: _____

Computer/video games: _____ Playing outside: _____

Other: _____

3) Describe your child's choice of playmate (e.g., same age playmates, younger children, older children, siblings, adults, relatives):

4) Describe your child's interests/skills/talents (e.g. musical instruments, dance, gymnastics, technology, favourite activities, etc.):

F: Developmental Information Section:

1) What are your expectations for your child's kindergarten year?

2) What do you feel is important for us to know about your child to ensure they have a successful school experience?

3) At approximately what age did your child do the following:

Sit alone _____ Use his/her first sentences _____

Walk alone _____ Use his/her first phrases _____

Use his/her first words _____

4) Can your child go to the washroom independently? Yes No

Can your child dress independently? Yes No

5) Please describe your child's:

a) Eating habits (e.g. doesn't like certain foods, etc.)

b) Sleeping habits (number of hours, etc.)

6) Which of the following, if any, does your child do on a consistent basis?

Task	Yes	No	No Experience
Identifies four colours when asked			
Tells stories with a clear beginning, middle and end			
Goes up and down stairs on alternating feet			
Undoes buttons and zippers			
Catches a large ball with outstretched arms			
Understands three-part related instructions/sentences (e.g. "put your toys away and wash your hands before lunch")			
Takes turns and shares with other children in small group activities			
Looks for adult approval (e.g. "watch me" or "look what I did")			

7) How does your child react to (e.g. shy, fearful, curious, excited, nervous, etc.):

- a) New situations _____
- b) Interacting with other children _____
- c) Handling a difficult task _____
- d) Leaving familiar adults _____
- Other _____

8) Describe your child's experience with printing letters, numbers, drawing or colouring, cutting and pasting:

9) Which hand does your child prefer using?

Left Right No preference

10) Please check which, if any, of the following developmental skills you would like to see your child improve:

Approaching people	Paying attention
Control of temper	Walking or moving
Use of hands	Playing
Listening	Following directions
Talking	Getting along with others

RULES AND REGULATIONS

- We accept Children from age 12 months up to 6 years.
- **School timings:**
- **Children aged 1-2 years:** 8:00 am - 11:30 am
- **Children aged 2-3 years:** 8:00 am - 11:45 am
- **Children aged 3-5 years:** 8:00 am - 12:00 noon.
- **Children aged 5-6 years:** 8:00 am - 12:30 pm
- **DROP OFF:** Your child may be dropped off to school as early as 7:45 and will be under the assistant's supervision. The teachers will be on playground duty from 8:00 am.
- The classes will begin at 8:30 am. We request you to try and maintain these hours for the safety and security of the children and to avoid disrupting the classes during their regular schedules.
- **PICK UP:** Your child must be picked up from school at the end of his or her class unless the school has been notified of an early or late pick up.
- All parents/guardians are required to carry school ID card with them during pick up.
- Please note that no child will be allowed to leave the school premises IF correct identification is not presented.
- Parents/guardians must ensure that their child is picked up at the allocated time.
- Cars will not be allowed into the school gate. Parking available at your own risk near the school.
- All belongings must be labelled with your child's full name.
- All children must come with an extra pair of clean clothes and diapers / pull ups (if necessary).
- Your child should bring in healthy snacks daily. This excludes candy and fizzy drinks.
- To celebrate your child's birthday, kindly contact the office three days prior for further information.
- In case your child requires medication during school hours kindly contact the school.
- If your child has any head lice or viral infection, it is important to inform the school. In this case your child will have to take leave until the above is cleared. This is to prevent spreading to other students.

Parents / Guardian Signature: _____

Date: _____