

Préscolaire Grandissant Ensemble

2102 Wagman Drive E Phone 352-GROW (4769)

growingtogether@sasktel.net

www.growingtogetherpreschool.com

Please check class choice:

AM Classes 9:15 – 11:15 PM Classes 1:00 – 3:00

Non-Refundable Registration Fee: \$40.00

* Includes School Supplies *

- Mon/Wed (AM)**
Mon/Wed (PM)
Tue/Thur (AM)
Tue/Thur (PM)
+Friday (AM)

Monthly Tuition

\$120 / 2 mornings
\$160 / 2 mornings + Friday AM
\$240 / 4 mornings
\$280 / 4 mornings + Friday AM
\$120 / 2 afternoons
\$160 / 2 afternoons + Friday AM
\$240 / 4 afternoons
\$280 / 4 afternoons + Friday AM

Please Print (One child per registration)

*** Registration fee & one month's tuition must accompany form***

Child Information

First and Last Name _____

Address _____

City _____ Postal Code _____ Phone # _____

Date of Birth _____ Sex: Female Male
Month Day Year

Child Resides with: _____ (Names and relation to child)

Parent Information

Mother's Name _____
First Last

Work # _____ Cell # _____ Home # (if different) _____

Address (if different) _____

Email Address _____

Father's Name _____
First Last

Work # _____ Cell # _____ Home # (if different) _____

Address (if different) _____

Email Address _____

In Case of Emergency (other than parents)

Name _____ Phone # _____ Relation to child _____

Name _____ Phone # _____ Relation to child _____

Child will not be released to anyone other than the above without consent of parent or guardian

Medical History

1) Is your child taking any medications? If so, what kind? For what? _____

2) Does your child have any: heart problems breathing problems allergies
 Other medical/physical problems we should be aware of

If so, please explain: _____

3) Are there restrictions on the kind of physical activity your child may participate in? Yes No
If yes, what are the restrictions? _____

4) Is there a diet or food restriction necessary for your child's health? Yes No
If yes, please explain: _____

EMERGENCY RELEASE

If an emergency situation or an accident should occur while my child is attending "Growing Together Preschool", I authorize the staff to handle the emergency at their discretion and to contact me as soon as possible.

Signature of parent/guardian

Date

PERMISSION FOR OUTINGS

I, the Undersigned, give permission for my child, _____ to leave the building on outings accompanied by the teachers and parent volunteers during the following school year. September 20__ to June 20__.

Signature of parent/guardian

Date

WEB PERMISSION

I, the undersigned, give permission for Growing Together Preschool to use photos of my child, _____ On the Internet for preschool advertising purposes. (NO NAMES, NO TAGS)

Signature of parent/guardian

Date

Préscolaire Grandissant Ensemble
Growing Together Preschool



Child Information for Outings

First Name

Last Name

Date of Birth

Home Phone

Address

Parent/Guardian

Contact Number

Parent/Guardian

Contact Number

Emergency Contact & Relation to Child

Contact Number

Emergency Contact & Relation to Child

Contact Number

Medical Information/Allergies