

Growing Together Preschool/ Pr scolaire Grandissant Ensemble

195 Windfield Rd (St. Dominic Savio School)
Phone (306) 550-5325 growingtogether@sasktel.net
www.growingtogetherpreschool.com

Please check class choice:

Non-Refundable Registration Fee: \$50.00

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

Monthly Tuition

(post-dated cheques)

\$170 / 2days

\$210 / 3 days (incl. Friday)

\$340 / 4 days

\$380 /5 days (incl. Friday)

***Registration fee plus one month's tuition must be included ***

Please Print Clearly (one child per registration)

Program Choice: English () French ()

Child Information

First and Last Name: _____

Address: _____

City: _____ Postal Code: _____ Phone #: _____

Date of Birth: _____ Sex: Female Male
Month Day Year

Child Resides With: _____ (Names & Relation to child)

Parent Information

Parent/Guardian: _____
First Last

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

Address: (if different) _____

Email Address: _____ Occupation: _____

Parent/Guardian: _____
First Last

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

Address: (if different) _____

Email Address: _____ Occupation: _____

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

Child's Personal Health Card Number: _____

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: _____

Please initial each disclaimer that you wish to agree/not agree to and sign/date at the bottom of the page

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.

YES _____ NO _____

PERMISSION FOR OUTINGS

Class Phone List

A class phone list is prepared for parents to set up play dates, birthdays, treats, carpooling etc. Please fill out the information that you would like listed. If no information is given, ONLY child's first name will be on list.

Child's Name _____
First Last

Parent /Guardian First Name: _____

Parent /Guardian First Name: _____

Phone Number: _____

Email Address: _____

I have read the Parent Handbook and Registration forms as outlined. I understand, I must give one month's written notice (30 days) on or before the 1st of the month to withdrawal my child from Growing Together Preschool/ Pr scolaire Grandissant Ensemble or one-month fees will be paid.

Signature of parent/guardian

Date

Please fill out additional page



Child Information for Outings

First Name

Last name

Date of birth

Home phone

Address

Parent/Guardian

Contact Number

Parent/Guardian

Contact Number

Emergency contact and relation to child

Contact Number

Emergency contact and relation to child

Contact number

Medical information/allergies, include child's health card number

