

South Shore Waldorf School
64 School Rd.
Blockhouse, Nova Scotia
B0J 1E0

PARENT AND TOT REGISTRATION FORM WINTER/SPRING SESSION 2019

Child's Given Names (underline name used):

Child's Surname: _____

Age _____ DOB _____ Gender _____

Resides with _____ (relationship)

Address:

Street _____

City, Province _____

Postal Code _____

Names and ages of siblings:

Do they attend SSWS? Y / N

MEDICAL INFORMATION

Please note, we ask for this information for emergency purposes. If something were to happen to the parent present with the child in Parent and Tot, we may require this information in order to care for your child in the event of an emergency.

Health Card Number and Expiry _____

Family Doctor _____
Phone. _____

Does the student have physical, mental health, diet and/or other issues? If yes please give details.

List any medications (over the counter or prescribed) accompanying the student. All medication must be in original packaging with dosage and instructions and clearly labeled with the student's name. These medications must be given into the care of the teacher.

Emergency Contact

Relationship to the family: _____

Date of last tetanus vaccination? _____

Name: _____

Phone: _____

Additional notes:

Address:

Street _____

City, Province _____

Postal Code _____

Through my signature on this form I also authorize the staff of South Shore Waldorf School & Kindergarten to secure such **emergency** medical advice and services as may be deemed necessary for the health and safety of my child. I agree to accept **financial responsibility** for charges that may be incurred by such treatment in excess of benefits paid by provincial health insurance or group insurance plans.

I give The South Shore Waldorf Association permission to use my child's image/or artwork for documentary or promotional purposes.

yes no _____ (Parent/guardian initials)

Parent or Guardian (Sign and print)

Date

PARENT AND TOT REGISTRATION FORM WINTER/SPRING SESSION 2019

Parent / Guardian # 1 Information

Name: _____

Address:

Street _____

City, Province _____

Postal Code _____

Phones:

Work _____

Home _____

Mobile _____

Email:

Occupation:

Employer:

Work Hours:

Parent / Guardian # 2 Information

Name: _____

Address:

Street _____

City, Province _____

Postal Code _____

Phones:

Work _____

Home _____

Mobile _____

Email:

Occupation:

Employer:

Work Hours:

There is no fee for attending Parent and Tot, although to help cover the costs of supplies used in the program, we ask each family contribute to our donation jar. The suggested donation is \$2 - \$5 per family each week. We thank you for the contribution you are able to make.

Due to limited spaces, we encourage families to pre-register. Please indicate (by circling) the days you intend to come to Parent and Tot for our Winter/Spring Session:

January 18	January 25	February 1	February 8	February 15
February 22	March 1	March 8	March 29	April 5
April 12	April 26	May 3	May 10	May 17

* please note that there is no Parent and Tot program on days when school is cancelled due to weather *

How did you hear of the South Shore Waldorf School & Kindergarten?

Alumni Open House School Sign Bulletin Friends Website

Advertisement: Where: _____ Other: _____