

DAKOTA NURSERY SCHOOL REGISTRATION FORM

Dakota Nursery School
 1188 Dakota Street
 Winnipeg Manitoba
 R2N 3H4

DEPOSIT _____
 CHEQUE DATE _____
 CHEQUE # _____

CLASS A.M. MON./WED./FRI. TUES./THURS.
 P.M. MON./WED.

STUDENT NAME	ADDRESS	POSTAL CODE	BIRTHDATE M/D/Y

MOTHER'S NAME	ADDRESS	POSTAL CODE	HOME PHONE NUMBER

MOTHER'S EMPLOYER	EMPLOYMENT ADDRESS	WORK PHONE NUMBER	CELL PHONE NUMBER

FATHER'S NAME	ADDRESS	POSTAL CODE	HOME PHONE NUMBER

FATHER'S EMPLOYER	EMPLOYMENT ADDRESS	WORK PHONE NUMBER	CELL PHONE NUMBER

SIBLINGS-

NAME	BIRTHDATE M/D/Y	NAME	BIRTHDATE M/D/Y	NAME	BIRTHDATE M/D/Y

EMERGENCY CONTACTS - IF PARENTS ARE NOT AVAILABLE

NAME	ADDRESS	PHONE NUMBER	RELATIONSHIP

DESIGNATED PICK UP PERSON - IF PARENTS ARE NOT AVAILABLE

NAME	ADDRESS	PHONE NUMBER	RELATIONSHIP

STUDENT MEDICAL INFORMATION

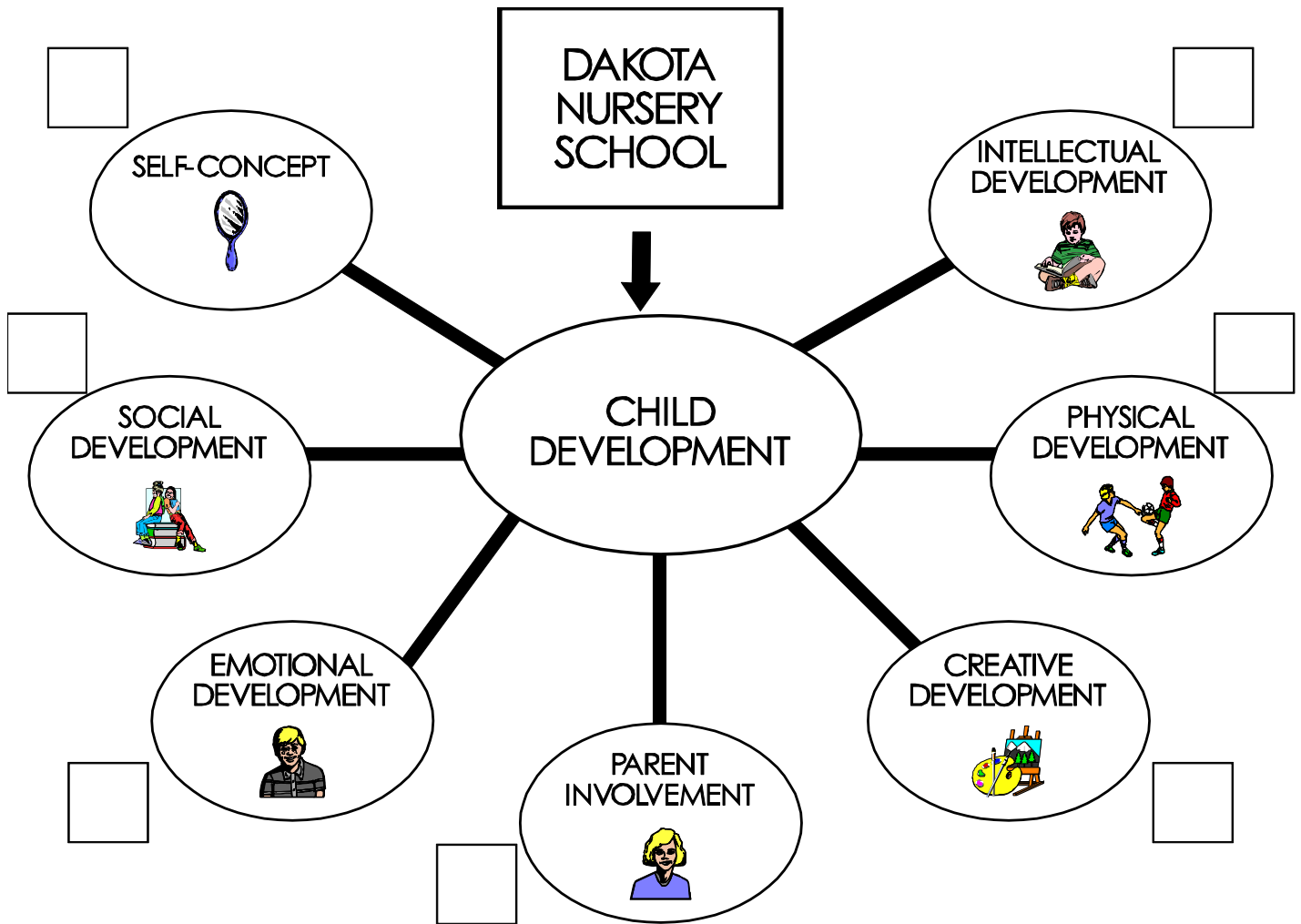
DOCTOR'S NAME	OFFICE LOCATION	PHONE NUMBER

MANITOBA HEALTH NUMBER	I.D. NUMBER

ALLERGIES	MEDICATION

OTHER MEDICAL INFORMATION

PLEASE COMPLETE REVERSE.....



Please rate the above areas of development for your child in order, #1 being the most important area for development to #7 being the least.

Your child's hand preference is

Right____ Left____ Undetermined____

I give permission for my child to be included in class photos/videos during the school year.

Signature _____

I understand that Dakota Nursery School will not be transporting my child at any time. The only time class will leave the building is in case of emergency or for outdoor play at the Dakota Community Center/ Louis Riel Library Complex.

Signature _____

I will inform the Director and provide copies of any warrants restricting other persons to protect my child.

Signature _____