



Piggywigs Registration Form

Please print this form and complete all sections. Sign and date the form in all required areas.

Section 1: Contact Information

Today's Date _____ School Year _____

Child's Full Name _____

Nickname(s) _____

Gender _____ Date of Birth (MM/DD/YYYY) _____

Primary Phone Number (Include area code) _____

Emergency Contact Number (Include area code) _____

Mailing Address _____

How did you find out about Curzon? _____

First Parent/Guardian

Full Name _____ Occupation _____

Cellular Number (Include area code) _____ Email _____

Would you like your email address added to the Curzon email groups (Yes/No) _____

Second Parent/Guardian

Full Name _____ Occupation _____

Cellular Number (Include area code) _____ Email _____

Would you like your email address added to the Curzon email groups (Yes/No) _____

Section 2: Medical Information

Child's Medicare Number _____ Expiration _____

Does your child have allergies (Y/N) _____

If yes, please specify:

If yes, what is the emergency treatment in case of allergic reaction?

Does your child take any medication we should know about? (Y/N) _____

If yes, please specify:

Does your child have any other medical conditions we should know about? (Y/N) _____

If yes, please specify:

Vaccinations and Vaccination Record

Vaccinations are not mandatory for enrolment in the preschool, however, it is important for the school to know if your child has been vaccinated. In the event of an outbreak in the community, this knowledge allows us to protect unvaccinated children. In the event of an unvaccinated child having a communicable illness, this knowledge allows us to protect at-risk individuals in our community like babies and pregnant women.

Please indicate which of the following applies:

My child is vaccinated according to the recommended schedule of vaccinations

My child is not vaccinated

Section 3: About your Child and Family

What are your child's likes and dislikes?

Likes	Dislikes

What are your child's fears (examples: the dark, dogs, bugs, etc.)?

Developmental achievements (examples: dressing, tying shoe laces, fine motor skills, etc.)?

Does your child have any comfort rituals or objects? If yes, please specify.

Describe your child's typical behavior.

Describe your child's eating habits.

Does your child have any dietary restrictions? If yes, please specify.

Do you have any special skills or interests you would like to share with the classroom (examples: music, art, storytelling, etc.)?

Do you know anyone who you think would be a good contact to come in and talk to the children or we could visit on a field trip (example: musician, veterinarian, actor, artist etc.)? If yes, please specify.

Has your child attended other playgroups/day cares? If yes, please specify.

Section 4: Waivers

Photo and Social Media Waiver

Please complete the following section and sign:

I authorize Curzon to take photographs during the school day or on special activities which my child attends.

I authorize Curzon to publish photographs of my child. I understand that these pictures may be used for future promotional purposes (website/flyer), without any compensation.

SIGNATURE

DATE (MM/DD/YYYY)

Section 5: Volunteer Roles

A cooperative program depends on the support of the parents for its operation. In addition to duty days, all families are expected to assume one of the jobs listed below, and participate actively during our fundraising activities. Please rank, in order of preference, **FOUR (4)** choices of roles you would be interested in running this year.

** Indicates members of the Curzon Executive Committee.*

*** All families support the auction committee to put on this amazing event!!*

Role	Description	Rank
*Parent/Teacher Liaisons	Responsible for communicating information from parents to teachers	
**Auction committee (4)	Organize yearly auction, Curzon's main fundraiser	
Duty Roster/Calendar	Responsible for creating a monthly rotating schedule of duty days	
Laundry	Responsible for weekly classroom laundry	
Toy Clean-up	Responsible for toy clean-up three times annually	
Year End Clean-up	Organizes/coordinates end of year clean-up	
Other Fundraising	Event Organize the other main fundraising event (example: garage sale, family BBQ, etc.)	

PRINTED NAME

SIGNATURE

DATE (MM/DD/YYYY)