



# Student 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 \_\_\_\_\_

Nicknames(s) \_\_\_\_\_ Age \_\_\_\_\_

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.)?

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

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

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Describe your child's typical behavior.

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Describe your child's eating habits.

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

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

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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.

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

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## **Section 4: Waivers**

### **Field Trip and Excursion Waiver**

I understand that as a part of the Curzon experience, children registered at Curzon will be taken on field trips and excursions outside the classroom setting, to points of educational and/or recreational interests on the supervision of their teachers and parent volunteers.

This would include field trips as well as walking to various community activities, such as our library program at Elizabeth Ballantyne School. Parents will be notified in advance of all excursions outside the school.

*Please complete the following section and sign:*

**I authorize the participation of my child, \_\_\_\_\_, in these field trips and excursions.**

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**SIGNATURE**

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**DATE (MM/DD/YYYY)**

### **Photo and Social Media Waiver**

*Please complete the following section and sign:*

**I authorize the Curzon Community (Teachers, Parents and Guardians), to take photographs during the school day and/or on special activities or field trips, which my child attends and share them amongst the other families.**

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

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**SIGNATURE**

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**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
*Co-chairs (2)	Chief administrators of the school	
*Treasurer	Handles all financial matters of Curzon	
*Secretary	Records and keeps minutes of executive and general membership meetings. Administrator of group email lists	
*Registrar	Handles all inquiries, applications for membership, class lists and registration forms for all Curzon programs	
*Parent/Teacher Liaison	Responsible for communicating information from parents to teachers	
**Fundraising Team (4)	Coordinate and organize all aspects of school fundraising, including the yearly auction, Curzon's main fundraiser, garage sale and other in-class fundraising activities	
Treasurer Support	Aids the treasurer in financial matters of Curzon	
Hospitality & Pizza Day	Organise food and beverages for school parties & monthly in-class pizza day	
Laundry (2)	Responsible for weekly classroom laundry	
Field Trips/Special Activities	Responsible for planning trips away from the school and special activities, including swimming, skating, and the library program	
Publicity	Create and distribute printed media/signage	
Website & Social Media Team (3)	Update Curzon website and social media pages	
Scholastic	Organize Scholastic Book Orders	
Parent Volunteers & Class Photos	Organize volunteers for various activities and coordinate individual and class photos	
End of Year Garage Sale (2)	Coordinate the end of year garage sale fundraiser	

\_\_\_\_\_  
**PRINTED NAME**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE (MM/DD/YYYY)**