

Wee Creations Christian Preschool Inc.  
800 Juliana Drive, Woodstock, Ontario N4S 0A8 PO Box 1597  
(519) 421-9755  
[www.weecreations.ca](http://www.weecreations.ca)

## REGISTRATION FORM

Name of child: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Gender (circle one): Male Female

Child resides with: Mother Father Both Other \_\_\_\_\_

We would like to register for the following classes:

Monday morning [ ]

Thursday morning [ ]

Tuesday morning [ ]

Friday morning [ ]

Wednesday morning [ ]

Mother's name: \_\_\_\_\_

Father's name: \_\_\_\_\_

Home phone number: \_\_\_\_\_

Mother's cell phone: \_\_\_\_\_ Father's cell phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_

Mother's work address: \_\_\_\_\_

Work phone: \_\_\_\_\_

Father's Employer: \_\_\_\_\_

Father's work address: \_\_\_\_\_

Work phone: \_\_\_\_\_

Please provide an email address where we can provide additional communication to you:

\_\_\_\_\_

List persons other than yourself to whom your child may be released:

\_\_\_\_\_  
\_\_\_\_\_

Include any information that would assist the teachers in caring for your child:

\_\_\_\_\_  
\_\_\_\_\_

EMERGENCY CONTACTS: Two persons, other than the parents who can be contacted in case of emergency (We will always attempt to contact the parents first).

1) Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

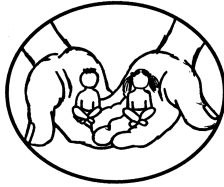
2) Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

[For Office Use Only] Start Date: \_\_\_\_\_

Finish Date: \_\_\_\_\_



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#### CONSENT FORM

I, \_\_\_\_\_, give my permission for my child, \_\_\_\_\_, to attend and participate in the outings of the preschool, pre-planned by teachers and approved by the Board of Directors.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

I, \_\_\_\_\_, give my permission for my child, \_\_\_\_\_, to be photographed while participating in the activities of the preschool. I understand that these photos may be used for display or advertising purposes.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

I do not wish to be involved in any fundraising activities and I am including a payment of \$50 with my first month's payment to be exempt.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

I, \_\_\_\_\_, have read the Parent Handbook and agree to abide with the policies within it.

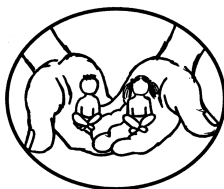
Date: \_\_\_\_\_ Signature: \_\_\_\_\_

How did you hear about Wee Creations Christian Preschool?

- Church Bulletin
- Oxford Shopping News advertisement
- Telephone Directory
- KIJJI Website
- Facebook
- WCS Website
- Family or friends
- Other: \_\_\_\_\_

Would you be willing and able to serve on the volunteer Board of Directors?

(Please circle one):    YES            MAYBE            NO



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## Pre-Authorized Debit Agreement

I/We authorize Wee Creations Christian Preschool, Inc. and the financial institution designated (or any other financial institution that I/We may authorize at any time) to begin deductions as per my instructions for monthly recurring payments.

Monthly deductions for the amount of \$\_\_\_\_\_ will be debited from my account on the 5<sup>th</sup> of the month, in payment for preschool fees for \_\_\_\_\_ ( child)  
Starting in \_\_\_\_\_ and ending in \_\_\_\_\_.  
( month ) ( year ) ( month ) ( year )

Wee Creations Christian Preschool must have 15 business days prior notice in writing in order to stop payment, or to amend the amount of the transaction.

**The fee for transactions rejected due to Non-Sufficient Funds will be \$20 per occurrence.**

This payment is being made for personal \_\_\_\_\_ or business \_\_\_\_\_ purposes .

PLEASE PRINT

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Financial Institution:(FI) \_\_\_\_\_

FI Address: \_\_\_\_\_

FI Account number: \_\_\_\_\_

FI Transit number: \_\_\_\_\_  
(branch 5 digits, FI 3 digits)

Authorized signature \_\_\_\_\_ Date \_\_\_\_\_

I have certain recourse rights, if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)

Please include a **copy of a void cheque** or the top portion of a current bank statement.

**Wee Creations Christian Preschool, Inc.**  
**MEDICAL FORM**

No student will be allowed to start attending preschool without a photocopy of their immunization record, or a print out from their Doctor's office detailing their immunizations, or a notarized copy of a Medical exemption form (available from the preschool).

Child's name: \_\_\_\_\_

Date of Birth: year \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_

Parents/Guardians: \_\_\_\_\_

Phone number: \_\_\_\_\_

Doctor's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor's office address: \_\_\_\_\_

Any known allergies? \_\_\_\_\_

Any suspected allergies? \_\_\_\_\_

Does your child have asthma? \_\_\_\_\_

Describe symptoms and treatment required: \_\_\_\_\_

\_\_\_\_\_

Special diet, exercise, rest or other needs:

\_\_\_\_\_

\_\_\_\_\_

General Health comments:

\_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

\_\_\_\_\_