

Pre-K/Kindergarten Supplemental Form Student Registration



Student Name	Age
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Home Room (French / English)	Grade	Session (AM/ PM)
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Additional Information

I have a preference for my child to attend the program at:

After school, my child goes to: Phone Number

Provide the names of the people who have authorization to remove the child from the preschool:

Name and relationship to child:
Name and relationship to child:

Access Restrictions (if applicable) Note: Copy of order must be retained by office
 Is there a court restraining order in place? Yes No
 If yes, name of person(s) restrained:

Are your child's immunizations up to date? Yes No

Has your child ever been assessed for the following? :

Sight Hearing Speech Dental Early Childhood Intervention Plan
 Psychiatrist Psychologist Physiotherapist Other:

Siblings Do you currently have other children enrolled within Northern Lights School Division #113?
 If yes, please list below:

Name	Grade	School

Self-Care

We expect our students to be able to use the bathroom on their own but strive to make accommodations for those who can't. Is your child completely trained? Yes No

Please provide any further information relating to your child that would be helpful in understanding and caring for your child: _____

Declaration: The information provided in this document is true, correct and complete. I will notify the school of any changes to the information on this form.

Signature of Custodial Parent / Legal Guardian Date