



## Registration Form

Child's Name \_\_\_\_\_ Year registering for \_\_\_\_\_  
Age \_\_\_\_\_ Birthday \_\_\_\_\_ Gender \_\_\_\_\_ Nickname Used \_\_\_\_\_  
Address \_\_\_\_\_  
Main Phone \_\_\_\_\_ Email \_\_\_\_\_  
Mother/Guardian's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Father/Guardian's Name \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Care Person/Alternate Pickup (other than guardians listed above)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

I give permission for the above-named individual to be contacted and my child may be released to them.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Who does **NOT** have permission to pick up your child? If applicable. (A copy of supporting court documents must be on file.) It is the parents' responsibility to communicate any changes.

Name \_\_\_\_\_ Reason \_\_\_\_\_

Child's Health Care # \_\_\_\_\_ Alberta or Saskatchewan? \_\_\_\_\_

Does your child have: (If yes, please provide further information)

- A medical condition/concern? \_\_\_\_\_
- Food or any other allergies? \_\_\_\_\_

Has your child previously attended preschool/pre-k? \_\_\_\_\_

Does your child have any special fears? \_\_\_\_\_

Hand preference? Right, Left, or not established yet? \_\_\_\_\_

What are your child's favourite activities? \_\_\_\_\_

How would you describe your child?  Active  Cautious  Independent  Reserved  Curious  Attentive  
 Helpful  Assertive  Cheerful  Shy  Sensitive  Fearful  Moody  Aggressive  Creative

Does your child struggle with accepting correction? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

What methods of behaviour management are used in your home? \_\_\_\_\_

What would your ideal Pre-K program look like? \_\_\_\_\_

Please tell us anything else that you think will help us provide an enriching experience for your child \_\_\_\_\_

I agree to support Bounce & Learn Academy's Handbook while my child is a student at the Bounce & Learn Academy.

\_\_\_\_\_  
Signature of Parent/Guardian (as named above)

\_\_\_\_\_  
Date