SPRINGFIELD HEIGHTS
NURSERY SCHOOL

#

Placement Preference (Please check one)

☐ 5 day morning ($95.00/month)

☐ 3 day afternoon (Tues-Thurs) ($58.00/month)

$50.00 registration fee paid ☐

Cheque # : _____ **cash:**_____ **e-transfer:**_____

REGISTRATION FORM 2026 - 2027

MUST BE COMPLETED IN FULL

Name of Child:_____
Family Name Given Name

Address:_____
Street City/ Prov. Postal Code

Phone:_____ Date of Birth:_____/_____/_____ Sex: F☐ M☐
Day/ Month/ Year

Address of Parent/ Guardian:_____
(if different from above)

	Mother/ Guardian	Father/ Guardian
Name:	_____	_____
Occupation:	_____	_____
Place of Work:	_____	_____
Address:	_____	_____
Business Phone:	_____	_____
Cellular Phone:	_____	_____
Email address:	_____	_____

Daytime Babysitter:_____

Address:_____ Phone:_____

Are there any separation agreements, court orders or other documents that set out custody arrangements for your child? **YES NO** (If YES, you are required to submit copies of applicable documents with this registration form.)

General Health of Child: (Please provide any medical, physical, developmental or emotional conditions relevant to the care of the child.) _____
_____

Allergies/ Asthma/ or other medical conditions:_____
_____

Does your child require any medicines that would at any point need to be administered to your child by the teachers? _____

M.H.S.C. Family #:_____Personal Health #_____
Doctors Name:_____ Phone:_____

(All medical information is REQUIRED IN FULL prior to children being admitted for the first day of class.)

EMERGENCY CONTACTS - OTHER THAN PARENTS/ GUARDIANS (please provide 2)

Name: 1._____ 2._____
Address: _____ _____
Phone: _____ _____

Church Affiliation (optional):_____

Please list names of all persons (other than the Parents/ Guardians) to whom the child may be released:

_____ _____
_____ _____
_____ _____
_____ _____

List two positive characteristics you see in your child:_____
_____
_____

Information about brothers and sisters (if any):

Name	Age	School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other members of the household:_____

Has your child been part of a large group of children (15 - 25)?
Frequently_____ Occasionally_____ Never_____

LANGUAGE DEVELOPMENT

In order for us to pre-acquaint ourselves with your child through this registration form, we would appreciate some insights as to where your child is in response to the German language. Please check the appropriate response.

Understands no German at all. ☐
Understands familiar vocabulary and some directions. ☐
Understands German and responds in English. ☐
Speaks, understands and responds in German. ☐

I hereby give permission for the staff to photograph or videotape my child for Nursery School use only.

_____
Signature of Parent/ Guardian

I hereby give permission for my child to participate in neighborhood walks with the Nursery School.

_____
Signature of Parent/ Guardian

I hereby give permission for the staff to include our names, address etc. on a phone list to be distributed to Nursery School families only.

_____
Signature of Parent/ Guardian

Parent / Guardian Volunteer Opportunities

(Please check off the areas in which you would like to assist during your child's year)

☐ *Concert Volunteer (set-up)*
☐ *Finances & Accounting*
☐ *Board Member (2-3 meetings a year)*
☐ *Parent Rep for your class*
☐ *Assisting with Fundraising*

Comments:_____

_____

_____

_____ _____
Signature of Parent/ Guardian Date