

Msasani Registration Pack

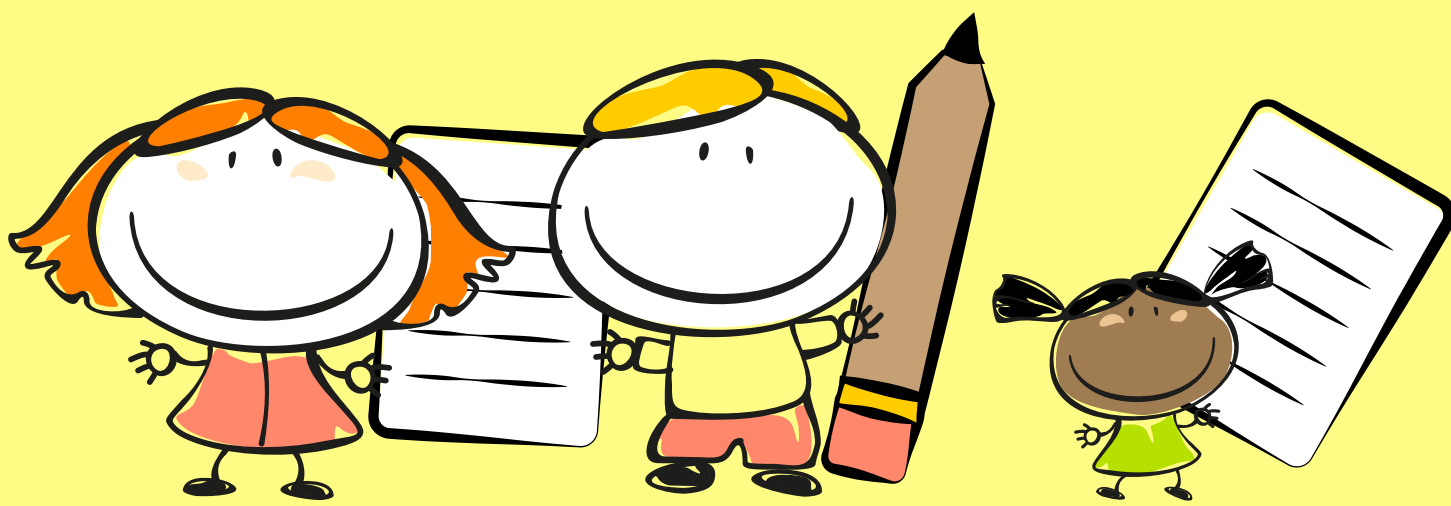




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1. Child's first and last name: _____

2. Child's date of birth: _____

3. Nationality and language spoken at home: _____

4. Does your child have any siblings? ☐ YES ☐ NO

If YES, how many and what age? _____

Has your child been to school before? ☐ YES ☐ NO

If YES, which school? _____

Why did you leave the previous school? _____

PARENT/GUARDIAN # 1

Please check items below:

☐ Primary Billing Contact

☐ Primary Parent Contact

☐ Mr ☐ Mrs ☐ Ms

First Name

Last Name

Address

City Country

Phone 1 (home) Phone 2 (work)

Employer Name

Employer Address

PARENT/GUARDIAN # 2

Please check items below:

☐ Primary Billing Contact

☐ Primary Parent Contact

☐ Mr ☐ Mrs ☐ Ms

First Name

Last Name

Address

City Country

Phone 1 (home) Phone 2 (work)

Employer Name

Employer Address

Please indicate who referred you to the My World family _____

TRANSPORTATION

I _____ (Name of Parent or Guardian)
am responsible for the transportation of _____ (my child)
to and from My World. If someone else (aside from the guardian listed on this form) comes to pick
up my child, I will provide the school with written authorization to release my child.

Parent / Guardian signature: _____ Date: _____

PHOTOGRAPHY

Photographs taken at My World will be used to document growth and development, much like a
video report card, as well as for use on our website and fan page on Facebook. I give permission to
My World Preschool to take pictures of _____ (my child)
for documentation purposes. I understand that these pictures will be available on CD.

☐ YES ☐ NO

These pictures may be used for brochures and other promotional materials.

☐ YES ☐ NO

My World Preschool may take pictures of my child for use on the schools Facebook page.

☐ YES ☐ NO

Parent / Guardian signature: _____ Date: _____

SHARING CONTACT INFORMATION

I _____ understand that my
contact information below may be shared within other families and staff at My World Preschool.

Student Name _____ Class _____

Parent Name _____ Email Address _____

Phone number _____ 2nd Phone number _____

Parent / Guardian signature: _____ Date: _____

Age in years and months _____. When did _____ begin:

Sitting	
Crawling	
Pulling his/herself up to stand	
Walk with support	
Walk freely	
Please only answer age appropriate questions as they apply to your child.	
Does your child use special words to describe needs?	
Language spoken at home?	
Preferred language of communication?	
Do you use disposable or cloth diapers?	
Does your child get a diaper rash often?	
Has toilet training been attempted? Is your child toilet trained?	
Does your child often have accidents? How would you like us to handle that?	
Does your child have a hard time sleeping at night?	
Does your child get tired or nap during the day? When and how long?	

Any known complications at birth?

How would you describe your child?

What would you like your child to gain from this childcare experience?

What is your method of behavior management / discipline at home?

Please describe anything our educators should know about your child?

Last Physical Examination: _____

Does your child have any problems with any of these? Please check the box.			
Constipation	<input type="checkbox"/>	Asthma	<input type="checkbox"/>
Convulsions	<input type="checkbox"/>	Bronchitis	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>	Chicken Pox	<input type="checkbox"/>
Fainting Spells	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>
Frequent Colds	<input type="checkbox"/>	Heart Disease	<input type="checkbox"/>
Frequent Ear Infections	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>
Frequent Sore Throats	<input type="checkbox"/>	Impetigo	<input type="checkbox"/>
Lice	<input type="checkbox"/>	Measles	<input type="checkbox"/>
Ringworm	<input type="checkbox"/>	Mumps	<input type="checkbox"/>
Skin Rash	<input type="checkbox"/>	German Measles	<input type="checkbox"/>
Soiling	<input type="checkbox"/>	Polio	<input type="checkbox"/>
Stomach Upsets	<input type="checkbox"/>	Scarlet Fever	<input type="checkbox"/>
Urinary Problem	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>
Worms	<input type="checkbox"/>	Whooping Cough	<input type="checkbox"/>

Other illnesses (besides the ones listed above):

Has your child ever been hospitalized? (explain):

Has your child had injuries with fractures or loss of consciousness?

Last Vision Test Date: _____

Last Hearing Test Date: _____

Last Dental Visit: _____

Any other members of your family with a serious illness recently?

Do any other members of your family have a history of: ASTHMA DIABETES EPILEPSY



FIRST AID AND EMERGENCY CARE

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize My World Preschool Staff to transport my child by car, ambulance, or aid car to an emergency center for treatment and I agree to hold My World Preschool and its employees harmless. I understand the staff at My World are trained in the basics of First Aid and CPR and I authorize them to give my child first aid when appropriate.

☐ YES ☐ NO

Parent / Guardian signature: _____ Date: _____

In the event that I cannot be contacted immediately, medical or surgical treatment can be administered to my child in the case of an accident or emergency, as prescribed by a treating physician, and hold My World Preschool and its employees harmless.

☐ YES ☐ NO

In the event of an emergency where the parents or guardians cannot be contacted, do you have a preference of hospital or emergency care center? Please note that all charges related to medical are passed on to the parents of the child.

Parent / Guardian signature: _____ Date: _____

SPECIAL CARE

Allergies or Special Diet Instructions	Type of Reaction or Special Instructions



EMERGENCY CONTACT AND RELEASE INFO

Name of Physician: _____

Contact: _____

Childs Health Insurance Provider: _____

Insurance Card Number: _____

At least 2 of these contacts are required to have permission for us to release your child into their care. These contacts should be able to pick up a child in case of an emergency within an hour of contact. Please circle "yes" next to the emergency contact designated if both of parents/guardians cannot be reached. This information is only valid for one year from the date that the form is signed by the parent or guardian. Picture ID is required upon pick up of the child.

EMERGENCY CONTACT #1

First Name:	Last Name:	
Address:	City + Country:	
Home / Work Phone:	Mobile:	
Relationship to Child:	Additional Notes:	
Permission for release of your child to this person?	YES	NO

EMERGENCY CONTACT #2

First Name:	Last Name:	
Address:	City + Country:	
Home / Work Phone:	Mobile:	
Relationship to Child:	Additional Notes:	
Permission for release of your child to this person?	YES	NO

EMERGENCY CONTACT #3

First Name:	Last Name:	
Address:	City + Country:	
Home / Work Phone:	Mobile:	
Relationship to Child:	Additional Notes:	
Permission for release of your child to this person?	YES	NO

Please tell us if there is an existing custody arrangement that the school should be aware of:



SIGNATURE

I certify that all information in this package is accurate and current

Name (Printed):

Signature of Parent / Guardian:

Date:

***PLEASE ATTACH A COPY OF YOUR CHILDS PASSPORT, BIRTH CERTIFICATE, MEDICAL HISTORY (CLINIC CARD) AND 4 PASSPORT SIZED PHOTOS**



BILLING AND PAYMENT DETAILS

Date of registration (D/M/Y): ____/____/____

We are registering for (please check the appropriate option):

- ☐ Toddler Group (1 to 3 year olds) - Timing: 7:45 am to 12:30 pm
- ☐ Kindergarten Program (3 to 6 year olds) - Timing 7:45 am to 1:00 pm

***Please note, term Fees**

- ☐ 2 days a week \$1200.00 ☐ 3 days a week \$1800.00 ☐ 5 days a week \$2700.00 ☐ KG class term \$2700.00

I would like my child to participate in the stay and play program. This program is \$300.00.

The Stay and Play program goes until 4:00 pm. This means your child can have a late pick up at 4:00 pm, and can Stay and Play at school in a supervised environment. Lunch is not provided at the Stay and Play program, but you are welcome to drop the child's lunch, or take them home and bring them back to school to play until 4:00 pm. ☐ YES ☐ NO

Registration fee received: _____

Term fees received:

Term 1 - August _____ Term 2 - January _____ Term 3 - April _____

Admin Signature: _____ Date: _____

Parent Signature: _____ Date: _____

- The My World Staff reserves the right to modify tuition rates at any time.
- Extra curricular activities involving additional materials, professional instructors and community may come at an additional and minimal cost.