

Please indicate if your child has any of the following : Food Allergies____ Medication allergies____ Other allergies____ Physical disability____
List specific allergens & typical reaction to them:

Does your child receive medication on a regular basis? Yes _____ No _____

List the name of the medication that may or may not be administered at school, the exact dosage, and when it is to be administered.

Please indicate if your child has ever been:
Hospitalized____ Severely injured____ Bitten by an animal____ Lost ____

Do you have any concerns about your child regarding?

Attention span __ Speech/language__ Physical behavior__ Other__
Please explain:

Are your child's immunizations up to date? Yes____ No____

Please indicate if your child speaks English:
Fluently____ enough to be understood____ not at all____

Does your child speak another language? Yes____ No____ if yes, which ones? _____

Is this your child's first preschool experience? Yes _____ No _____

Please list two other people who will serve as an emergency contact with permission to pick up your child from school:

Emergency contact #1

Emergency contact #2

Name: _____

Name: _____

Relation to child: _____

Relation to child _____

Home/cell # _____

Home/cell # _____

Address

Address:



DUNLUCE PRESCHOOL SOCIETY

Dunluce Preschool is a cooperative preschool, where parents are actively involved in many daily and yearly aspects of the program.

This allows us to keep fees below that of private preschools. We also get our classroom space rent free from Dunluce Community League.

Mandatory responsibilities of every family include:

- Act as a Duty Parent in the classroom (1 day every 2-3 weeks, pending enrolment)
- Participate in one general meeting per year.
- Cleaning bee (1-2 times per year)
- Set-up night (2-3 times per year)
- 1 bingo worked for Dunluce community league
- Be a community league member
- Participate in 3 fundraisers throughout the year.

I _____, (parent/guardians name)

Am registering my child _____ (child's name) into the Dunluce preschool program.

I understand that the \$50 registration fee is non refundable and am aware of all the parental responsibilities (listed above) that are involved with registering my child in the preschool program.

Parent signature _____ DPS _____ Date _____