

TUXEDO COMMUNITY CENTRE PRE-SCHOOL REGISTRATION
THREE YEAR OLD PROGRAM –TUESDAY & THURSDAY

(Please circle preference) Mornings: 9:15-11:15am / Afternoons 1:15 – 3:15pm
Please complete the following including the attached fundraising approach, student profile & medical authorization)

Child's Name _____

Address _____

Postal Code _____

Phone Number _____ e-mail _____

Birth Date _____

Parent's Name _____

Indication preference for morning or afternoon _____

COMPLETE & RETURN THE ATTACHED STUDENT PROFILE & MEDICAL AUTHORIZATION

PLEASE NOTE: Children must be 3 on or before December 31, 2017
The total cost for the 34 weeks is \$707.00

Enclose the following payments:

All postdated cheques must accompany registration in order for space to be held

Cheques payable to Tuxedo Community Center

Option One:

\$50.00 non refundable deposit with todays date
\$657.00 Program fee dated September 7, 2017
Fundraising bond dated September 15, 2017

or

Option Two:

\$50.00 non refundable deposit with todays date
\$329.00 Program fee dated September 7, 2017
\$164.00 Program fee dated January 4, 2018
\$164.00 Program fee dated March 15, 2018
Fundraising bond dated September 15, 2017

(Please fill in and return attached form - \$60.00 box of chocolates or \$35.00 donation in lieu of chocolates)

For refund policy visit our website www.tuxedocc.ca

Registration forms may be given to any of the Pre-School teachers, or drop off at
274 Queenston St. (in the mailbox, please). Do NOT mail applications!

For further information please contact Christina 896-0959

For Office Use Only:	
Child currently in TCC Pre-school: yes / no	Cheque #'s _____ / _____ / _____ / _____ / _____
Tuxedo / Non Tuxedo Resident	Fundraising (Y) _____ (N) _____ Cheque # _____
Date received:	Confirmation sent:

TUXEDO COMMUNITY CENTRE **- FUNDRAISING APPROACH**

Dear Parents:

Welcome to the Tuxedo Community Centre Preschool. My name is Lynn Riddell and I am the Tuxedo CC Preschool Board Rep. I'm confident that you and your child will have a wonderful year with us. Your child will make new friends, have fun exploring everything our Preschool has to offer, and develop new skills.

If you are a returning family then you know how special our preschool is – lots of toys and choices for all ages of children, well designed crafts and wonderful teachers and a building that is well maintained and clean.

HELP US TO KEEP THIS TRADITION GOING!

Most organizations find the need to supplement grants and income through additional fundraisers and our Preschool is no different.

Please support our Preschool by choosing one of the following options:

YOUR NAME /

CHILD(S) NAME
/PROGRAM(S) _____

(Please note that we request ONE (1) fundraising option PER FAMILY only)

OPTION #1 – WORLD'S FINEST CHOCOLATES \$60.00

Yes, I will take a box of 30 assorted NUT FREE chocolate bars and resell them for \$2.00each. My cheque for \$60 payable 'Tuxedo Community Centre' and dated for September 15, 2017 is attached. (The chocolates will be available for you the first week of school.)

OPTION #2 – I WOULD PREFER TO MAKE A DONATION - \$35.00

Yes, in lieu of selling chocolates I would prefer to make a one-time donation to the Tuxedo Preschool. My cheque payable 'Tuxedo Community Centre' and dated for September 15, 2017 is attached.

Lynn Riddell
Preschool Board Representative
831-0735

STUDENT PROFILE

NOTE: Please complete this form and return it with your registration form and postdated cheques

Child's name _____ Date of Birth _____

Preferred name to be used at school (if different than above) _____

Mother's name _____ Father's name _____ email _____

Address _____ Home phone _____

Postal Code _____ Mother's Cell phone _____ Father's Cell phone _____

Mother's business phone _____ Father's business phone _____

Mother's occupation _____ Father's occupation _____

Mother's business address _____

Father's business address _____

Emergency contact other than parents _____

Emergency contact person's address _____

Relationship _____ Phone _____

Names of person permitted to pick up child from school

Does your child have any allergies? _____

Does your child have any other medical problems? _____

If yes please describe _____

Name of doctor _____ Phone _____

Medical number: registration _____ personal _____

Names and ages of siblings _____

Names and types of pets _____

Are there any custody or court order issues related to the care of your child? _____

Will you give permission for photos and/or videotaping relating to classroom activities?
(please circle) Yes No

Will you give permission to distribute a class list with your / your child's name, address, phone # and birth date?
(please circle) Yes No

Will you give permission to use your email address for preschool purposes?
(please circle) Yes No

Is there any other information about your child that you want the teachers to be aware of ? (Use back if necessary)

NOTE: Please complete this form and return it with your registration form and postdated cheques

Tuxedo Community Centre Preschool
368 Southport Blvd.
Winnipeg, Mb R3P 0S9

Permission for Emergency Medical Transportation and Treatment

If, at any time, medical treatment is necessary due to a serious injury or sudden illness, I authorize the preschool to take whatever emergency measures deemed necessary for the protection of my child while in the care of the preschool facility. I give permission for my child to receive medical attention deemed necessary by my child's doctor or other medical personnel. I understand that this may involve transportation to the hospital in a private vehicle or ambulance. I understand that the preschool will make every attempt to contact me and that any expense incurred for such treatment, including ambulance fees, is my responsibility.

Date

Date

Signature

Signature

Parent Name (please print)

Parent Name (please print)

Please return this form to Tuxedo Preschool on your child's first day of class.