



# Sonshine Place Preschool

REGISTRATION FORM 2026-2027

Child's Name: \_\_\_\_\_  
(surname) (first name) (middle name)

Name to be used at Preschool, if different from above: \_\_\_\_\_

☐ Male ☐ Female Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth \_\_\_\_\_  
(year/month/day)

Mailing Address: \_\_\_\_\_  
(street) (city) (postal code)

Parent e-mail address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Mother's Cell Phone #: \_\_\_\_\_

Father's name: \_\_\_\_\_ Father's Cell Phone #: \_\_\_\_\_

Student resides with: \_\_\_\_ Father & Mother \_\_\_\_ Father\* \_\_\_\_ Mother\* OR \_\_\_\_\_ Legal Guardian\*

Note: \*The Preschool requires a copy of any custodial agreements in effect.

Language spoken at home: \_\_\_\_\_

Other adults living in your home: \_\_\_\_\_

Brothers and Sisters:

	NAME	BOY/GIRL	BIRTH DATE
1.	_____		
2.	_____		
3.	_____		
4.	_____		

Home Church: \_\_\_\_\_

Start date in Preschool: \_\_\_\_\_

**Information about your child:**

What are your child's special interests:
What do you hope your child will gain from preschool:
In what kind of situation will your child need the most help:
Has your child had any previous experiences away from home: (ie. Classes, swimming lessons)
Is your child toilet trained?
Does your child have their immunizations up to date?

**Complete the following**

Has your child been referred to a medical specialist? (eye, hearing, allergies). ____ NO ____ YES What medical information would help us understand your child better:
Does the Fraser Valley Child Development Center have a file on your child? ____ NO ____ YES If yes, please explain:
Has your child received any diagnostic testing? (ex. Autism, speech) ____ NO ____ YES, If yes, please explain:

Protecting Your Personal Information: The personal information on this form is required in order to register your child at Sonshine Place Preschool and assist us in making informed decisions on the suitability and appropriate placement of your child. This information will also allow us to respond immediately to an emergency. We commit to using and storing this information responsibly and will not release this information to a third party without your verbal or written consent, unless permitted under the PIPA (Personal Information Privacy Act) legislation. Sonshine Place Preschool does not sell, lease, or trade information about you to other parties.

# Sonshine Place Preschool: Student Emergency Form

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ (month/day/year)

**Child's Care Card Number:** \_\_\_\_\_ **Allergies:** \_\_\_\_\_

**Please list any special needs of the Child (medical or other):** \_\_\_\_\_

**Family Doctor name and phone number:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

(house #      street name      city      postal code)

**Mother's name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Work Phone #:** \_\_\_\_\_

**Father's name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Work Phone #:** \_\_\_\_\_

**Persons (other than parents) authorized to pick up child from the preschool facility** (in the case of emergency or day to day pick-ups)

1. **Contact Name:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

2. **Contact Name:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

3. **Contact Name:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Out of lower mainland or province Contact** (should it only be possible to telephone out of affected areas in case of an emergency): **Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**First Aid:** It is the policy of Sonshine Place Preschool to notify a parent when a child is ill or needs medical attention. Occasionally we cannot contact the parents and we need to get immediate help for your child. Our procedure is to call for an ambulance. I authorize the staff at the Preschool to call an ambulance in the case of injury or illness of my child if we, the parent(s), cannot immediately be reached. I hereby give consent for my child, named above, to receive medical attention. I hereby grant permission for the staff at Sonshine Place Preschool to administer First Aid Procedures whenever deemed necessary.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Field Trips:** My child has my permission to go on any field trip which has been scheduled by the preschool. I understand that I will be notified in advance of any such trips. If, on the dates of the field trip some circumstances should arise that my child cannot go, I understand that there will be no school that day and I will keep my child at home.

Signature: \_\_\_\_\_

**Immunizations and Health:**

- ☐ Yes, my child is up to date on childhood immunizations according to their birthdate
- ☐ No, immunizations are not up to date

**Medical Conditions:**

- ☐ No medical conditions or allergies
- ☐ Yes, my child has a medical condition or allergies

**Separation and custody:**

- ☐ This DOES NOT apply to our family
- ☐ This DOES apply to our family. (a copy of the separation agreement will need to be in your child's file at school)

Describe your custody arrangement:

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To the best of my knowledge all the above information is correct. I will also inform the preschool staff of any changes in the above, such as telephone numbers, address changes, emergency numbers or any other changes.

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Parent or Guardian's signature

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Date