

**TUXEDO COMMUNITY CENTRE PRE-SCHOOL REGISTRATION**

**FOUR YEAR OLD PROGRAM –MON/WED/FRI AM OR PM**

**(CIRCLE PREFERENCE) Mornings 9:00-11:15am / Afternoons 1:00-3:15pm**

**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 \_\_\_\_\_

Indicate preference for morning or afternoon \_\_\_\_\_

Are you a tuxedo resident? (circle)yes/no

If yes do you give permission to share email and receive information about community events and activities.  
(circle) Yes / /No

**COMPLETE & RETURN THE ATTACHED STUDENT PROFILE SHEET & MEDICAL AUTHORIZATION**

**PLEASE NOTE:**Children must be 4 on or before December 31, 2018

The total cost for the 34 week program is \$1060.00

**Enclose the following payments:**

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

Cheques payable to Tuxedo Community Centre

**Option one:**

\$50.00 non-refundable payment with today's date

\$1010.00 balance dated September 7, 2018

Fundraising dated September 15, 2018 (Fill in and return attached fundraising form)

Or

**Option two:**

\$ 50.00 non-refundable deposit with today's date

\$506.00 Program fee dated September 7, 2018 for Fall Session

\$252.00 Program fee dated January 4, 2019 for Winter Session

\$252.00 Program fee dated March 15, 2019 for Spring Session

Fundraising bond dated September 15, 2018

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

For refund policy, please visit our website. [www.tuxedocc.ca](http://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 Tompkins 896-0959**

**For Office Use Only:**

Child currently in TCC Pre-school: yes / no

Tuxedo / Non Tuxedo Resident

Date received:

Cheque #'s \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Fundraising (Y) \_\_\_\_\_ (N) \_\_\_\_\_ Cheque # \_\_\_\_\_

Confirmation sent:

**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) \_\_\_\_\_

*CIRCLE 1 <sup>ST</sup> TO CALL IN EMERGENCY	<b>MOTHER</b>	<b>FATHER</b>
NAME		
HOME PHONE*		
CELL PHONE*		
BUSINESS PHONE*		
EMAIL		
HOME ADDRESS		
POSTAL CODE		
OCCUPATION		

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 medical requirements or need special accommodations? Yes / No

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? \_\_\_\_\_

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

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

I give permission to use my email address for preschool communication. (circle) Yes / /No

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

# **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, 2018 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, 2018 is attached.

Lynn Riddell  
Preschool Board Representative  
204-831-0735

**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.