

**Angus McKay Nursery School
Application Form**



***Child's Name:** _____

Address: _____

Postal Code: _____ Date of Birth: _____

****MB Medical Number:** _____ ****MB Medical 9 Digit #:** _____

Parent/Guardian Name:** _____ *Home Phone:** _____

****Email Address Parent/Guardian:** _____

****Cell Phone:** _____

Home Address: (if different from child) _____

Place of Employment: _____ Business Phone: _____

Employment Address: _____

Parent/Guardian Name: _____ Home Phone: _____

Email Address Parent/Guardian: _____

Cell Phone: _____

Home Address: (if different from child) _____

Place of Employment: _____ Business Phone: _____

Employment Address: _____

****Both parents' addresses (if different) are required by the Manitoba Day Care regulations for emergency procedures.**

Doctor's Name: _____ Phone: _____

Caregiver/Sitter: _____ Phone: _____

In case of EMERGENCY (alternate contact):

****Name:** _____ ****Phone:** _____

****Address:** _____

List other adults to whom your child can be released after Nursery School if you are unable to pick him/her up. Please be sure to notify the teacher if someone else will be picking up your child.

Notes: (VP use only)

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Are there any specific concerns regarding your child (i.e. allergies, extreme fears, physical and/or speech difficulties, emotional problems, medical, etc.) that the Nursery should be aware of?

If your child requires medication **OR** has allergic reactions to such things like food, medications, stings, etc., please complete the following:

Medications: Yes No Comments: _____

Allergy	Life threatening?	Epi-Pen Required?
_____	Yes ___ No ___	Yes ___ No ___
_____	Yes ___ No ___	Yes ___ No ___

If you answered yes to any of the above, you will be required to fill out the Allergy Alert Form, Authorization for the Administration of the Epi-Pen (parental and Physician), and the Emergency Action Form. These are available from the Nursery School. If your child requires medication or the use of a medical device (e.g. inhaler) all pertinent forms **MUST** be completed and returned to the AMNS in order for staff to administer the medication or medical device.

Are there any court orders/restraining orders that we should be aware of? If so, the Nursery requires a copy of the order for our files.

Preferred Attendance: (Please number first and second choice.)

Monday, Wednesday, Friday Mornings: _____

Monday, Wednesday, Friday Afternoons: _____

Comments: _____

How did you hear about us (Circle one)?:

Family/Friend **AMNS website** **Kijiji** **Advertising**
Facebook **Outdoor Sign** **Other:** _____

*All sections with an “**” are considered mandatory*

I give permission for address and contact information to be included in the Parent Directory.

Signature

Date