

**DEER PARK EXTENDED PROGRAM (DPEP)**

**A CO-OPERATIVE PRESCHOOL  
AND KINDERGARTEN ENRICHMENT PROGRAM**

**REGISTRATION FORM FOR SEPTEMBER 20 - JUNE 20**

PLEASE PRINT

CHILD

Name \_\_\_\_\_

Address \_\_\_\_\_

Postal Code \_\_\_\_\_ Home Phone # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Day Month Year

Date of Registration \_\_\_\_\_ Start Date \_\_\_\_\_ Leaving Date \_\_\_\_\_

Is Child Registered For JK/SK at Deer Park School? Yes \_\_\_\_\_ No \_\_\_\_\_

**HEALTH INFORMATION**

Child's Doctor \_\_\_\_\_

Doctor's Address \_\_\_\_\_ Tel: \_\_\_\_\_

Please provide any information that you feel will be of assistance to our staff (e.g. medical conditions, allergies, etc.)

\_\_\_\_\_  
\_\_\_\_\_

**MEDICAL AUTHORIZATION**

In the event of an accident or emergency illness, if I am not immediately available, the physician selected by Deer Park Extended Primary Education Program may hospitalize, secure proper treatment for, order injections, blood transfusions, or anesthetics, or any treatment as noted to be needed by the physician caring for my child, as well as transportation to the emergency department of the nearest hospital by ambulance or taxi.

**IMPORTANT**

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**PARENT / GUARDIAN INFORMATION.....PLEASE PRINT**  
PARENT PARENT

\_\_\_\_\_  
Name \_\_\_\_\_

\_\_\_\_\_  
Address \_\_\_\_\_

\_\_\_\_\_  
Home Telephone \_\_\_\_\_

\_\_\_\_\_  
Cell Telephone \_\_\_\_\_

\_\_\_\_\_  
Occupation \_\_\_\_\_

\_\_\_\_\_  
Employer \_\_\_\_\_

\_\_\_\_\_  
Business Address \_\_\_\_\_

\_\_\_\_\_  
Business Telephone \_\_\_\_\_

**NAMES / DATE OF BIRTH OF SIBLINGS**

\_\_\_\_\_  
**TORONTO AREA ONLY \* DAYTIME TELEPHONE NUMBER**  
**EMERGENCY CONTACT (NOT A PARENT)**

Name \_\_\_\_\_ Tel \_\_\_\_\_

Address \_\_\_\_\_ Relationship to child \_\_\_\_\_

**AUTHORIZATION TO RELEASE CHILD TO SOMEONE OTHER THAN PARENTS**

Please list any person(s) who will be authorized to take your child home.

Name \_\_\_\_\_

Address \_\_\_\_\_ Relationship to child \_\_\_\_\_

**IMPORTANT:**

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**ENRICHMENT CLASSES**

**Monday.....Drama**  
**Tuesday.....Cooking**  
**Wednesday....Art**  
**Thursday.....Music**  
**Friday.....Spanish**

**PROGRAM OPTIONS: CHECK DAYS AND TIMES REQUIRED**

<b>TIME</b>	<b>MON</b>	<b>TUES</b>	<b>WED</b>	<b>THURS</b>	<b>FRI</b>
<b>Childcare 8:00-9:00</b>					
<b>Enrichment 9:00-11:25</b>					
<b>Lunch/Rest 11:25-1:15</b>					
<b>Enrichment 1:15-3:45</b>					
<b>Childcare 3:45-6:00</b>					

What multicultural events do your family celebrate? \_\_\_\_\_

What are your child's interests? \_\_\_\_\_

**IMPORTANT:**

**PARENT**

**SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_

**DPEP PARENT/GUARDIAN(S) AGREEMENT**

We understand that the rules of the co-op require that:

**FEES:**

1) The \$60 registration fee (per family) is required with registration in order to secure a space for my child. This fee is non-refundable.

2) A post-dated April 15 cheque covering the first month's fees is required with the registration fee.

This cheque is non-refundable if a child is withdrawn from the program without one month's advance notice.

**THERE WILL BE NO EXCEPTIONS e.g. moving locations**

3) Nine postdated cheques (October to June) to cover fees for the balance of the year are due at the beginning of the school year.

**OTHER:**

4) We have read the DPEP Handbook and Purpose of the Co-operative Nursery and Kindergarten Program and agree to abide by the principles, policies and regulations of the school. We understand that parent participation is an important and enriching part of the school, and as members of DPEP we agree to help in the classroom, approximately once every three to four weeks and/or participate in other ways.

5) A satisfactory criminal reference check is a requirement for all parents and other caregivers who will be helping in the classroom on a regular basis.

6) Each volunteer must read and sign all relevant policies.

7) We are aware DPEP is a peanut free facility and it is also smoke free.

8) One month's written notice must be given for a change in their child's attendance schedule, or withdrawal from the program.

**IMPORTANT**

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Your e-mail address..(please print carefully).....

For our information

How did you discover us?

.....