

PRAIRIE CHRISTIAN ACADEMY PRESCHOOL



Date sent:				
Date rec'd: Fees: □Fall □Winter □ Sp	-			
Applying for: ☐ Fall session				
	•	ning (3 to 4 years & li rnoon (Pre-Kindergar	_	rten)
Child's Information				
Name:			Boy □ Girl	
Preferred Name:		Birthdate:/		
			Day / Month /	Year
Home Address: Street & Box		Town	Province	Postal Code
Parent(s) Information				
Father's name:		Work	c place:	
Home Address: Street & Box		Town	Province	Postal Code
Phone (home):		Phon	e (work)	
Email:				
Mother's name:		Work	cplace:	
Home Address:Street & Box		Town	Dravinca	Postal Code
Street & Box	•	IOWII	Province	Postal Code
Phone (home):		Phon	e (work)	
Email:				
Additional <u>local</u> emergency	contact to whom chi	ld may be released:		
Name:		Phon	e:	
Address:Full Street addre	ss required	Town	Province	Postal Code

Medical Information AB Health Care Number:_____ Other: Phone: Physician: Immunization up-to-date: ☐ Yes ☐ No Long-term medications: _____ Allergies, medical conditions, emotional issues, etc. PCA Pre-school staff may transport my child to an emergency facility and/or administer First Aid in the case of an emergency: ☐ Yes ☐ No If applicable, person(s) to whom your child may <u>not</u> be released: ______ Are you aware of the discipline policy of the PCA Pre-school? ☐ Yes ☐ No Comments: _____ The names & photos of pre-school students participating in class projects or events may appear in Prairie Christian Academy publications or community promotions. Please check one of the following: ☐ *I grant permission* for the use of my child's name/photo as described above. ☐ *I do not grant permission* for the use of my child's name/photo as described above.

Date of Application:

Parent's Signature:

Please return the completed form to:

Christy Wideman Administrative Assistant Box 68 Three Hills, AB TOM 2A0_ pca.society@ghsd75.ca