

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, 2021

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:

\$75.00 non-refundable payment with today's date

\$985.00 balance dated September 7, 2021

Fundraising dated September 15, 2021 (Fill in and return attached fundraising form)

Or

Option two:

\$ 75.00 non-refundable deposit with today's date

\$493.00 Program fee dated September 7, 2021 for Fall Session

\$246.00 Program fee dated January 4, 2022 for Winter Session

\$246.00 Program fee dated March 15, 2022 for Spring Session

\$50.00 Fundraising bond dated September 15, 2021

For refund policy, please visit our website. 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 ST TO CALL IN EMERGENCY	MOTHER	FATHER
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

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

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.

TUXEDO COMMUNITY CENTRE

FUNDRAISING APPROACH

Dear Parents:

Welcome to the Tuxedo Community Centre Preschool. Your child will make new friends, have fun exploring everything our Preschool has to offer, and develop new skills. Thank you for joining our caring community.

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 through additional fundraisers and our Preschool is no different.

☐ \$50.00 fundraising bond payable ‘**Tuxedo Community Centre**’
dated September 15, 2021 is attached.

Please note: Fundraising bond is required PER REGISTERED CHILD in a program

YOUR NAME _____

CHILD(S) NAME /PROGRAM(S)_____

Thank you for supporting our Preschool

Tuxedo Preschool Parent Advisory Committee