

Gitanmaax Nursery School
Registration and Student Record

Student Information:

Name: _____

Birth date: _____

Status Card: _____

Medical Number: _____

Family Physician: _____

Allergy/Medical condition: _____

Custody Information: _____

Parent/Guardian Information:

Parent's Name: _____

Address: _____

Home Phone Number: _____

Work Phone Number: _____

Emergency Contact Persons:

1. Name: _____ Ph# _____

2. Name: _____ Ph# _____

3. Name: _____ Ph# _____

Please check which class you prefer your child to be enrolled. Class enrollment is decided on a first come first serve basis.

Morning Class:
9:00 am- 11:30 am Monday to Friday

Afternoon Class:
12:30 pm - 3:00 pm Monday to Friday.

Does your child require the Gitanmaax Nursery Bus service?

YES

NO

My child's pick up location: _____

My child's Drop off location: _____

Please draw a map of your house.
Include Street name, House number, and house color

PLEASE NOTE THE ONE PICK UP AND ONE DROP OFF LOCATION FRO EACH CHILD.

**Gitanmaax Nursery School
All-Purpose Bus
Permission Slip**

My child, _____ has my permission to ride the Gitanmaax Nursery School Bus to and from the Nursery School for the duration of the Nursery School year. My child has my permission to ride the Nursery Bus on and all field trips that occur during the Nursery School Year.

Date

Parent/Guardian Signature