Morris School
Preschool Registration Form

Name of Child: _____

Name of Parents: _____

Child's Date of Birth: _____/_____/_____
DD MM YYYY

House Number: _____ Street: _____

Town: _____ Box: _____ Postal Code: _____

Home Phone: _____

Cell Number: _____

Other Cell Number: _____

Work Numbers: _____ , _____

Email Address: _____

Other Email: _____

Emergency Contact (Someone other than parents):

Name: _____ Phone Number: _____

Emergency Contact Cell Number: _____

Storm Billet Contact (necessary only if you live outside of Morris):

Name: _____ Phone Number: _____

Child's Manitoba PHIN # (9 digit): _____ MHIN (6 Digit): _____

Does your child have any Medical conditions, allergies, etc? Yes ☐ No ☐

If yes, please provide more information: _____

☐ I release my child's name and/or picture and/or school work in situations that are school approved, including, but not limited to media, school newsletters, awards,, and school web pages.

☐ I allow my child to participate in supervised activities off of the school property, but within the school's community.

☐ Release my contact information to the Parent Advisory Council.

☐ Provide emergency medical assistance (including the use of an ambulance) if necessary.

Parent Signature(s) _____ _____

Please note: Children must be 4 years of age and planning on attending Morris School in Fall of 2016.