



Holy Cross School

300 Dubuc Street, Winnipeg, MB, R2H 1E4
 Voice (204) 237-4936, Fax (204) 237-7433
 Principal acap@holycrossschool.mb.ca

PRE-K APPLICATION FORM

Child's legal last name: _____ Given names: _____

Birthdate: _____ / _____ / _____ Age: _____ Sex: Male _____ Female _____
dd mm yyyy

Child's address:
 Apt# _____ Street# _____ Street _____

City/Town _____ Postal code _____

Phone number _____ Unlisted? Yes ___ No ___ Child's religion _____

PRE-K CLASSES ARE EVERY DAY, MONDAY through FRIDAY FROM 8:30 AM TO 3:00 PM.

Father (Custodial parent ___ / Legal Guardian ___) Mother (Custodial parent ___ / Legal Guardian ___)

Name:		Name:	
Address:		Address:	
Postal code:		Postal code:	
Home phone:		Home phone:	
Religion:		Religion:	
Occupation:		Occupation:	
Employer:		Employer:	
Business address:		Business address:	
Business phone:		Business phone:	
Cell phone:		Cell phone:	
Email address:		Email address:	

Emergency contact: Address: Phone:		Child's physician: Address: Phone:	
MB Health Number:		PHIN:	

Notes:

Alternates Additional:

Names _____ Relationship: _____ Phone _____

Names _____ Relationship: _____ Phone: _____

The following procedures will be taken in case of ACCIDENTS TO CHILDREN:

1. In case of any minor accident or illness, first aid shall be rendered and parents WILL BE NOTIFIED IF AT ALL POSSIBLE for further direction.
2. In case of an accident or illness which, in the opinion of the Director (or staff member), requires immediate medical care, first aid shall be rendered. If the parents CANNOT BE REACHED IMMEDIATELY, the Director (or staff member) will take or arrange for the injured child to be taken to the nearest hospital emergency ward, if it is deemed necessary to do so. The parents shall be notified of such action as soon as possible. Any cost of ambulance service will be the responsibility of the parent/guardian.

Please check one of the following:

____ I agree with the above procedure.

____ I DO NOT agree with the above procedure and wish you to follow the procedure indicated on the bottom of this form.

(PLEASE NOTE: Every effort is always made to contact parents prior to any action (excluding first-aid). However, if the information we have is not up to date, this could be a problem. Please keep us informed of any changes.)

_____ Date

_____ Parent/Guardian's signature

Other procedures: _____

Signing this registration form gives Holy Cross School permission to use your child's picture in promotional advertising, on the web or for school events. Please submit a request in writing to the office should you NOT want your child's picture used for these purposes.