



Red River Valley School Division Division Scolaire Vallée de la Rivière-Rouge

233 Main Street, Box 400, Morris, Manitoba, Canada, R0G 1K0
Phone: (204) 746-2317 • Fax: (204) 746-2785 • Email: rrvsd@rrvsd.ca • Web: www.rrvsd.ca

This personal information and personal health information, is being collected under the authority of The Red River Valley School Division and will be used for educational purposes or to ensure the health and safety of the child. It is protected under the provisions of the Freedom of Information and Protection of Privacy Act and the Personal Health Information Act. If you have any questions about the collection of this information, please contact The Red River Valley School Division.

PRESCHOOL REGISTRATION FORM

Child Information

Legal Surname	Legal Land Description (Section/Township/Range/Street Address)	School (Where Preschool Program is Located)
Legal Given Name(s)	Mailing Address	School Year
Name Used	Postal Code	
Gender (M/F)	Home Telephone	
Birth Date (mmm/dd/yyyy)		

First Language Spoken: _____

Parent/Guardian Information

Please check one: ☐ Father ☐ Foster Father ☐ Legal Guardian
Information:

Legal Surname, Given Name	
Address	
Mailing Address (if different from above)	
Work Telephone	Other Telephone
Home Telephone	Email Address

If the child is in your care as a foster child, please provide the following:

Agency: _____
Address: _____
Worker's Name: _____
Telephone number: _____

Please check one: ☐ Mother ☐ Foster Mother ☐ Legal Guardian
Information:

Legal Surname, Given Name	
Address	
Mother's Mailing Address (if different from above)	
Work Telephone	Other Telephone
Home Telephone	Email Address

Please provide the name of any person (s) to whom access has been denied by court order:

Living Arrangements and Custody Information

Child Resides With:

- ☐ Parents
- ☐ Mother
- ☐ Father
- ☐ Guardian
- ☐ Foster
- ☐ Other: _____

Custody:

- ☐ Joint
- ☐ Mother only
- ☐ Father only
- ☐ Guardian
- ☐ Other: _____

Brothers and Sisters (Please list in order of age, including preschool and school-aged siblings)

Gender	Name (Surname, Given Name)	Date of Birth (mmm/dd/yyyy)	School Attending (if applicable)

Medical Information

Please list the child's medical conditions / restrictions* (allergies, physical limitations, mental limitations, medications, chronic conditions, etc.):

* It is the responsibility of the parent/legal guardian to keep the preschool informed as necessary should there be any change to the above.

Does your child wear a MedicAlert® bracelet? ☐ Yes ☐ No If yes, what is the ID No.? _____

Child's PHIN No.	Family MHSC No.	Family Doctor	Doctor Telephone	Treaty No.
------------------	-----------------	---------------	------------------	------------

Emergency Information

1. _____ Name	_____ Daytime Phone	_____ Other Phone
2. _____ Name	_____ Daytime Phone	_____ Other Phone

Student Services

Did your child participate in a Preschool Wellness Fair? ☐ Yes ☐ No

Are any of the following services currently being provided to your child (or have they in the past)?

- | | |
|-----------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Speech Language Pathologist | <input type="checkbox"/> Child Development Clinic |
| <input type="checkbox"/> Psychology | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Occupational or Physical Therapy | <input type="checkbox"/> Other _____ |

Permissions and Certifications

I hereby authorize The Red River Valley School Division to:

Release my child's name and/or picture and/or preschool program work in situations that are preschool approved, including but not limited to media, preschool newsletters, awards, and preschool web pages:

☐ Yes ☐ No

Allow my child to participate in supervised activities off school property, but within the school's community:

☐ Yes ☐ No

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

☐ Yes ☐ No

To the best of my knowledge, the information provided on this form is complete and accurate.

Date

Signature of Parent or Legal Guardian

Print Name