

Mrs. Malan's Music & Movement Preschool

Registration Request for Preschool 2025/2026 school year.

Student Information:

Name of Child: (First) _____ (Middle) _____ (Last) _____
Birth date: (Day) _____ (Month) _____ (Year) _____ Boy: ☐ Girl: ☐ Potty trained: **Y** **N**
Important information for the Teacher: _____

Parents Information:

Mother's Name _____ Father's Name _____
Home Address: _____ Home Phone: _____
Mother's E-mail: _____ Mother's Mobile Phone: _____
Father's E-mail: _____ Father's Mobile Phone: _____

Emergency Information:

Father's Work #: _____ Mother's Work #: _____ Next of Kin # _____
Father/Mother/Child MSP: _____ We choose not to release other medical information: ☐
Allergy Details: **Y** **N** If Yes: _____

Measles Vaccination: **Y** **N** Parents COVID Vaccination: **Y** **N** Student COVID Vaccination: **Y** **N**

Emergency #: 911 Student Location: 1985 Rena Rd Nanoose Bay BC V9P 9B1 Phone#: 250-244-6430
Nanaimo ER #: 250-755-7691 Parksville ER #: 250-951-9550 Parksville RCMP #: 250-248-6111 & 250-954-2223

Classes attending Information:

Mondays to Thursdays are included in our Preschool Program – select days attending:

8:00 am to 12:00 am Mondays: ☐ Tuesdays: ☐ Wednesdays: ☐ Thursdays: ☐

Please also refer to the Orientation Package and Financial Arrangements for more information.

Parents / Legal Guardian Approval & Authorization

Father Signature: _____ Mother Signature: _____

Or Legal Guardian Signature: _____ Date: _____ Booking Deposit attached: ☐

Child Enrolment Date: _____ Approved - Licensee: _____ Teacher: _____ Date: _____