



River East French Exposure Nursery School

Registration Form

NOTE: Applications will be accepted on a first come first served basis.

Please ensure that before you complete this form you have completed our online Registration and sent your combined payment for Membership Fee and Tuition Deposit via or E-transfer to: treasurer@refens.com

	Tuesday/Thursday	Monday/Wednesday/Friday
Total Annual Tuition	\$340.00	\$472.50
Due at Registration		
Non-Refundable Membership Fee	\$50.00	\$50.00
Non-Refundable 10% Tuition Deposit	\$34.00	\$47.25
Total due at registration	\$84.00	\$97.25
Payment Options: Due on First Day of School		
1 Payment- Lump Sum	\$306.00	\$425.25
3 Payments September 1, December 1, March 1	\$102.00	\$141.75
9 Payments- September-May	\$34.00	\$47.25

Members will be notified via EMAIL in August of important information regarding school start dates, supplies, etc.

Please forward any email/address/phone number changes to co-chair@refens.com.

Please visit our website at www.refens.com for updates and important information.

REFENS Annual General Meeting is held in Mid-Late Spring. Please visit our website at www.refens.com for the most up to date information regarding our upcoming AGM.



General - APPLICATION FORM

***All information sections must be completed** or application will not be accepted*

Child's Information

Last Name(s)

First and Middle Name(s)

Address (include City, Province, Postal Code)

Home Phone Number

Cellphone Number

Date of Birth; YYYY-MMM-DD

Email Address

Email Address

Medical Information

Family Doctor: Name

Family Doctor: Phone Number

Student Manitoba Medical - Family 6 Digits

Student Manitoba Medical - Personal 9 Digits

Allergies

YES

NO

If yes, please specify

Physical and/or Emotional Needs and/or Health Conditions (Please be specific)

Contact Information

The following primary and emergency contact information will be used in the event of an emergency or for critical, time-sensitive information using our notification system. An email address must be provided for each contact to be able to receive notifications.

Custody: Are there any legal custody restrictions to this student? Yes No
If yes, a copy of the legal documents must be on file at the school

List in order of priority to call:

1st/Primary Contact/Parent 1

		Mother	
Last Name	First Name	Relationship	
Address: Same as above			
		Other Address with Postal Code	Other Relationship Specify
Employer		Work Phone	Ext:
Home Phone	Cellphone	Email	
Legal guardian?	Yes No	Can pick up student?	Yes No
Has custody of student?		Yes No	

Second Contact/Parent 2

		Father	
Last Name	First Name	Relationship	
Address: Same as above			
		Other Address with Postal Code	Other Relationship Specify
Employer		Work Phone	Ext:
Home Phone	Cellphone	Email	
Legal guardian?	Yes No	Can pick up student?	Yes No
Has custody of student?		Yes No	



Emergency Contact

This person needs to be non-parent/legal guardian and is allowed to pick up student

First and Last Name

Relationship to Child

Home Address

Home Phone Number

Work Address

Work/Cell Phone Number

Pick Up Information

Our family password is

In addition to the above named parents, these individual can pick up our child(ren):

First and Last Name

Phone Number

Relationship to Child

First and Last Name

Phone Number

Relationship to Child

First and Last Name

Phone Number

Relationship to Child

Additional Information

Do you have any special skills, talents and/or connections that can benefit our nursery school?

Are you interested on becoming more involved with REFENS?

Board of Directors: Yes No

Name of Interest Parent/Gaurdian

Paid Teacher Assistant or Substitute Teacher Yes No

Name of Interest Parent/Guardian



RIVER EAST FRENCH EXPOSURE NURSERY SCHOOL PARENT/GUARDIAN AGREEMENT

Please initial and sign to indicate your agreement with the statements below.

Upon becoming a member, I agree to be bound to and abide by the policies of the co-operative stated in the Parent Handbook. Please initial to confirm that Parent Handbook has been read.

initial here

I have read the application form and enclose the payment to cover the Membership fee and the Annual Tuition Deposit.

initial here

I understand that the post-dated cheques covering the balance of the tuition are due on the FIRST DAY OF SCHOOL.

initial here

I give permission for my child(ren) to take part in activities and outings planned and supervised by REFENS staffs.

initial here

Should an accident, loss, damage and/or theft of any belongings occur, I release the River East French Exposure Nursery School Co-Op from any liability,

initial here

I give permission to the REFENS staff to seek any required medical treatment for my child in an emergency if a parent/guardian cannot be reached.

initial here

I agree to participate in fundraising initiated by the REFENS Board of Directors.

initial here

I understand that, should I withdrawal my child(ren) BEFORE January 31st, payments not due yet will be returned. If I withdrawal AFTER January 31st, payments are NON-REFUNDABLE.

initial here

I understand that a Withdrawal Form is mandatory when withdrawing my child from the program

initial here

Should REFENS deem it necessary to terminate the stay of any child(ren) or parent/guardian(s) in the program then the payment(s) not yet due will be returned; however. Membership Fee and Tuition Deposit are NON-REFUNDABLE.

initial here

I understand that the REFENS program relies on volunteer board members and will consider volunteering if I am able.

initial here

I have read, initial, and signed the Personal Information Consent Form

Parent/Guardian Signature

Witness Signature

Print Name

Print Name

Date

Date