

Lessard Community Playschool Registration Form 2018 – 2019



This form must be completely filled out including postal codes, phone numbers, and signatures on the parent responsibility page. Your registration may not be considered if this form is missing information.

PLEASE CHECK ONE:

- | |
|--|
| <input type="checkbox"/> 3/4 year old Playschool Program:
Children MUST be 3 years old AND toilet trained
Tuesday & Thursday 9:00 am - 11:15 am |
| <input type="checkbox"/> 4 year old Playschool Program:
Monday, Wednesday & Friday 9:00 am - 11:15 am |

CHILD'S INFORMATION

Child's First and Last Name: _____

Child's Full Address (including postal code): _____

Home Phone: _____ Child's Birthday (m/d/yr): _____

Child's Gender: Male Female

PARENT INFORMATION

Parent/Guardian (1): _____

Relation to child: _____

Address (if different than above):

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Occupation: _____

Email: _____

Parent/Guardian (2): _____

Relation to child: _____

Address (if different than above):

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Occupation: _____

Email: _____

CHILD'S MEDICAL INFORMATION

Family Doctor: _____ Doctor's Phone: _____

Alberta Health Care Number: _____

Are your child's immunizations up-to-date? Yes No

Does your child need/use an inhaler? Yes* No *Medical Form Required

Does your child need/use an epi-pen? Yes* No *Medical Form Required

Please list food or drug allergies (if no food or drug allergies indicate none):

Please list any food restrictions (if no food restrictions indicate none):

EMERGENCY CONTACT INFORMATION

We require **two (2) emergency contacts** that are NOT the parents/guardians of the child.
Please ensure all information is completed below:

1. First and Last Name : _____ Relation to Child: _____

Address (including city and postal code): _____

Phone: _____ Cell/Other Phone: _____

2. First and Last Name: _____ Relation to Child: _____

Address (including city and postal code): _____

Phone: _____ Cell/Other Phone: _____

AUTHORIZED INDIVIDUALS

If there is anyone other than the parents/guardians picking up or dropping off your child, please list them below. You can add to this list throughout the year, but please remember that we can only release your child to those listed below:

1. First and Last Name : _____ Relation to Child: _____

Address (including city and postal code): _____

Phone: _____ Cell/Other Phone: _____

2. First and Last Name : _____ Relation to Child: _____

Address (including city and postal code): _____

Phone: _____ Cell/Other Phone: _____

3. First and Last Name : _____ Relation to Child: _____

Address (including city and postal code): _____

Phone: _____ Cell/Other Phone: _____

UNAUTHORIZED INDIVIDUALS

Is there anyone NOT allowed to pick up your child e.g. restraining order? Yes No

If yes, please provide court documents clearly identifying the individual.

Court documents received and copied? Yes No

GENERAL INFORMATION

Are there any behaviors that you are concerned about or would like to help your child overcome?

Does your child have any fears or special needs?

PARENT RESPONSIBILITIES

INITIAL

- | | |
|---|--|
| 1. I understand that there is a \$75 NON REFUNDABLE registration fee due at time of registration. | |
| 2. I understand that fundraising is an important part of maintaining our playschool. Should I choose to opt out or not fulfill my obligations, my \$275 fundraising cheque will be cashed. | |
| 3. I understand that the playschool relies on parent volunteers and it is required of me to participate on the Parent Advisory OR Playschool Committee. My \$200 parent cheque will be cashed should I not participate. | |
| 4. I understand there is a \$50 Toy Cleaning Fee. | |

PERMISSIONS

- | | |
|---|--|
| 1. I hereby grant permission for my child to use all the play equipment and participate in all activities of the Playschool located at 17404 - 57 Avenue Edmonton, Alberta. | |
| 2. I hereby grant permission for my child to leave the school premises under the supervision of the Teacher for neighborhood walks. | |
| 3. I hereby grant permission for staff members to take whatever steps may be necessary to obtain medical care if warranted. In the event of a medical emergency, appropriate health care will be provided and parents/guardians as well as the family doctor will be notified immediately. The child may require transportation to the nearest medical facility; this may be by car or ambulance. Any costs incurred by such transportation will be the responsibility of the parent(s) or legal guardian(s). | |
| 4. I hereby grant permission for the use of my child's photo/video/artwork to be used in the Playschool newsletter, website, or any other promotional material. | |
| 5. I hereby grant permission for my child's artwork and photos to be displayed in the Playschool for display purposes. | |
| 6. I hereby grant permission for photos/videos to be taken of my child while in the Playschool, on surrounding Lessard Community League grounds and during fieldtrips. | |

I hereby grant permission of release for all of the above items to be used by Lessard Community Playschool, which has been initialed.

Parent/Guardian
Signature:

Date:

