

PARK MEADOWS CHRISTIAN PLAYSCHOOL
September 2017 to June 2018 Term



CLASSES

Circle one: Mon/Wed/Fri am Tues/Thurs am
 Mon/Wed pm Tues/Thurs pm

**** PLEASE PRINT ****

FAMILY INFORMATION

Name of Child: _____ Circle one Boy/Girl
Date of Birth: month _____ day _____ year _____
Home Address: _____

If rural please include land description and mailing address

City: _____ Postal Code: _____ Phone Number: _____

Name of Parent's/Guardian's: _____
Dad's work/cell # _____ Mom's work/cell # _____

Email Address: _____

Names and Ages of Siblings:

Language(s) Spoken at home: _____

Address of Parent(s)/Guardian(s) if different from child:

City: _____ Postal Code: _____ Phone Number: _____

EMERGENCY CONTACTS: (other than parents)

1. Name: _____ Relationship: _____ Phone: _____

Address: _____

(If rural please provide land description)

2. Name: _____ Relationship: _____ Phone: _____

Address: _____

PERSONS AUTHORIZED TO PICK UP CHILD

Name _____ Relationship: _____ Phone: _____

Name _____ Relationship: _____ Phone: _____

Name _____ Relationship: _____ Phone: _____

MEDICAL INFORMATION

Child's Alberta Health Care Number: _____

Family Doctor: _____ Phone: _____

Clinic Address: _____

Child's Immunization: Have you had your child vaccinated? _____

Any allergies and/or special medical conditions that your child may have:

****please provide a copy of your child's birth certificate and immunization records for your child's file****

ADMINISTRATION OF MEDICATION

Is your child on any medications? _____

Does your child require the use of an inhaler/puffer or an epi pen for asthma or allergies?

AMBULANCE

In the case of an accident or other emergency, it shall be up to the discretion of the teacher(s) whether or not an ambulance will be called. The teacher(s) will attempt to contact the Parent/Guardian before calling an ambulance. In the case of an ambulance being called, the Parent's/Guardian of the child will be billed for the call.

In the event of an emergency and I/we are not available. I/we authorize the Teacher(s) to call an ambulance should it be deemed necessary.

Parent/Guardian Signature: _____

EMERGENCY MEDICAL TREATMENT

In the event of an emergency and I/we are not available, I/we authorize the administration of any medical procedures deemed necessary by the doctor, or if unavailable, by any other physician selected by the Teacher(s) of Park Meadows Christian Playschool.

Parent/Guardian Signature: _____

FINANCING

Will your child be attending with a special needs assistant? _____

Is your funding through any special program? _____

With whom: _____

PHOTOGRAPHS/VIDEOS/SLIDES

I/We give consent for Park Meadows Christian Playschool:

- To photograph my/our child on birthdays, special days, along with general pictures. To also display these pictures on the bulletin board and for use in slide presentations
- To display, in the Playschool, my/our child’s artwork
- To video tape my child’s class for the express purpose of teacher training to be viewed by Early Childhood Education students doing practicum work within our Playschool. Allow other parents/related parties to video tape their child’s playschool day for their own personal memories.

Parent’s/Guardian’s Signatures: _____

FIELD TRIPS

Park Meadows Christian Playschool arranges field trips for the students of the Playschool, which have definite educational or cultural value and are a part of the school’s program.

- I/We give consent for my/our child to participate in field trips arranged by the school.
- I/We understand that I/we will be responsible for my/our child should it be decided that my/our child not participate in a particular field trip.

****All children will be transported to the field trip location by school bus.****

It is the responsibility of the parent to pick up their child from the pre-arranged site.

Parent’s/Guardian’s Signatures: _____

****A parent/guardian signature will still be required before each specific field trip for permission of a child’s participation****

FIELD TRIP LIABILITY RELEASE

In case of an emergency involving my/our child during field trips, I/we hereby agree that no action for recovery of loss or damages resulting therefrom will be taken against the following unless such loss or damages are due to direct and vicarious negligence of the following:

- *The Teachers, Program of Governing Committee of Park Meadows Christian Playschool
- *Park Meadows Baptist Church

Parent’s/Guardian’s Signatures: _____

Authorization

I (we) have read and understood the policies and responsibilities of Park Meadows Christian Playschool and agree to the same as outlined in the Parent Handbook.

******BOTH PARENTS MUST SIGN******

_____ Date _____

_____ Date _____

CHECKLIST

I have enclosed:

- A postdated check or cash for the September fee
- A \$40.00 check or cash for the registration fee
- PAD agreement form
- Copy of child's birth certificate
- Copy of child's immunization record
- All **4** completed pages of the registration form

Registration Fee: \$40.00 _____ September Fees (postdated) _____
(LEAVE BLANK FOR OFFICE USE)