

# Park Meadows Christian Playschool



## CLASSES

September 2026 to June 2027

### Please Select Your Class Choice:

\_\_\_ Mon/Wed/Fri am (4- & 5-Year-olds)

\_\_\_ Tues/Thurs am (3- to 5-Year-olds)

\_\_\_ Tues/Thurs pm (3- to 5-Year-olds)

**\*\* PLEASE PRINT LEGIBLY \*\***

## FAMILY INFORMATION

Name of Child: \_\_\_\_\_ Check: 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: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## PERSONS AUTHORIZED TO PICK UP CHILD (Include Parents that can Pick up)

Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**MEDICAL INFORMATION**

Prefer not to disclose

Child's Alberta Health Care Number: \_\_\_\_\_  
Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Clinic Address: \_\_\_\_\_

Have you had your child vaccinated? \_\_\_\_\_  
Any allergies and/or special medical conditions that your child may have:  
\_\_\_\_\_

**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: \_\_\_\_\_

**PARENTAL CONSENT FOR SHARING A CHILD’S INFORMATION**

To apply the Government of Alberta Affordability Grant to your child’s monthly fees, we are required to submit your child’s information to the Government of Alberta.

By signing below, you consent to the sharing of this information for the purpose of administering the Affordability Grant.

Parent/Guardian Signature: \_\_\_\_\_

**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 \_\_\_\_\_



# Park Meadows Christian Playschool Additional Permission Forms 2026-2027 School Year

Parents/Guardian: \_\_\_\_\_

Child: \_\_\_\_\_

## Seesaw App Permission

I/We give permission to Park Meadows Christian Playschool staff and volunteers to take pictures of my/our child/children and their peers for the purposes of sharing the days activities through the Seesaw App. Everyone on the Seesaw App for our three playschool classes will need to be invited by one of the educators. I/We promise to NOT share the Seesaw App information and pictures of any other child, than my/our own on social media or elsewhere. If I/we have any questions or concerns regarding the Seesaw App, I/we will let Park Meadows Christian Playschool staff know. The educators believe the Seesaw App is a secure app. I/we are aware that any information put on technology may not be 100% secure and I/we grant permission to Park Meadows Christian Playschool staff to share pictures and video of my/our child/children through the Seesaw App.

Signature of Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_

## Outdoor Play Waiver/Permission

Park Meadows Christian Playschool is incorporating more outdoor play opportunities for the children during class time, weather permitting. We will be using the space right outside our playschool doors for loose parts play and occasionally the green space behind the Stan Siwik Family Swimming Pool. We also have a fenced-in area with a playset for the children to use. Please be aware that children can get hurt during risky play. There will be staff with first aid training present. The children will be well supervised and accounted for by completing head counts regularly. Our mode of transportation is walking. We will always have a minimum of two adults outside with the children. Please dress and prepare your child appropriately for the weather (sunscreen, hat, coat, mittens, boots, etc...).

Signature of Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_

## Getting to Know Your Child

Child's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Family Members living at home: \_\_\_\_\_

What are your child's interests? Like and dislikes?

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What motivates your child?

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Something I'd like you to know about my child is.....

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Our program is designed to help your child develop in the SPICES (social, physical, intellectual, creative, emotional and spiritual). To assist parent/teacher communications, please describe some of the expectations you have for your child this year:

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## **CHECKLIST**

### **I have enclosed:**

- \$50.00 registration fee if not Paid online
- PAD agreement form
- Copy of child's birth certificate
- Copy of child's immunization record
- All **4** completed pages of the registration form
- Seesaw App Permission
- Field Trip Permission
- Getting To Know Your Child

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### **For Office Use:**

Registration Payment: \$50.00

Paid Cash

Paid by Debit/Credit

Paid by Cheque \_\_\_\_\_

Paid Online

Date: \_\_\_\_\_ Payment Received by: \_\_\_\_\_

Form updated January 21, 2026