

**REGISTRATION FORM – 4 Year Old Program**

**September – June School Term**

|  |  |  |  |
| --- | --- | --- | --- |
| **Session Information** | Fee Remittance: Cash \_\_\_\_\_\_\_\_ Cheque \_\_\_\_\_\_\_\_  Session Preference (please indicate 1st and 2nd choice)  Monday/Wednesday: 9:00AM -12:00PM \_\_\_\_\_\_\_ 3 hours    Monday to Thursday: 9:00PM – 12:00PM ­­\_\_\_\_\_\_\_ 3 hours | | |
| **Child’s Personal Information** | Please fill this form in COMPLETELY with the following information for licensing purposes. Please provide a legal land description for a rural address, or a full street address for an in-town residence for both personal and emergency contacts.  Child’s Given Name: \_\_\_\_\_\_\_\_\_\_­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M / F (circle)  First Last  Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Physical Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City/Town \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Postal Code\_\_\_\_\_\_\_\_\_  **(legal land description or street address)**  Mailing Address if different from above.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name Child Goes By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Names and ages of siblings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Parent Information** |  | Mother | Father |
| Name |  |  |
| Home Address  If different from above |  |  |
| City/Town |  |  |
| Postal Code |  |  |
| Home Phone |  |  |
| Employer |  |  |
| Work Phone |  |  |
| Cell Phone |  |  |
| Email |  |  |
|  |  |  |
| **Sign In/Out** | Names of Parent(s) and/or person(s) authorized to sign your child in and out of our care:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Emergency Contact** | Who we should contact in case of emergency, DURING PROGRAM HOURS when parents/guardians are not available? Please list TWO contacts. | | | |
| Emergency Contact Name | | Emergency Contact **complete** address (street or land location) | Phone Number |
|  | |  |  |
|  | |  |  |
|  | |  |  |
| **Medical Information** | Has your child ever had a speech, hearing, or behavioural assessment done? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If so, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  What was the outcome of the assessment? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **If circling yes to any of the following, please provide details** | | | **Please Circle Yes or No** |
| Immunizations up-to-date | | | **Y N** |
| Long-Term Medication | | | **Y N** |
| Drug Allergies | | | **Y N** |
| Food Allergies | | | **Y N** |
| Special Needs | | | **Y N** |
| Is Your Child Prone To: | Ear Infection | | **Y N** |
| Hay Fever | | **Y N** |
| Epilepsy | | **Y N** |
| Asthma | | **Y N** |
| Colds | | **Y N** |
| Speech Problems | | **Y N** |
| Hearing Problems | | **Y N** |
| Temper Tantrums | | **Y N** |
| Eye Problems | | **Y N** |
| Nose Bleeds | | **Y N** |
| Finger/Thumb Sucking | | **Y N** |
| Nail Biting | | **Y N** |
| Shyness | | **Y N** |
| Other (please describe) | | **Y N** |
|  | |  |
| **Authorization** | In the event of an emergency, when my child may need first aid or transportation to a medical facility, I give my permission for first aid to be given or for such transportation to take place.  Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  I have received and read the Discipline Policy (page 3 of the Parent Handbook) of the program.  Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

How did you hear about Mother Goose Playschool? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REGULATION 29:**

**PORTABLE EMERGENCY INFORMATION RECORD MUST INCLUDE:**

|  |  |  |
| --- | --- | --- |
| Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Child’s Complete Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Mother’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Mother’s Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Father’s Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Postal\_\_\_\_\_\_\_\_\_\_ | | City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Postal\_\_\_\_\_\_\_\_\_\_ |
| Mother’s Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Father’s Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Mother’s Cell Phone: | | Father’s Cell Phone: |
| **Where to reach parents during Playschool hours:** | | |
|  | |  |
| Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **In case of an emergency, the child may be released to:** | | |
| Emergency #1 (complete street or land location  address) | | Emergency #2 (complete street or land location  address) |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City/Town:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City/Town:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | **Please Circle Yes or No** | |
| Is child’s immunization up-to-date? | Yes No | |
| Any health information (i.e. allergies, long term medication etc.? If yes please list below) | Yes No | |
|  | | |
|  | | |
|  | | |
|  | | |



**PLAYSCHOOL FEES**

The registration fee is required at the time of registration and is **non-refundable**. The **registration fee for** **ALL students**, regardless of the number of days per week they attend Playschool **is $100.00**. **Post-dated tuition cheques payable to Lacombe Mother Goose Playschool are due at the Annual General Meeting.**

**LACOMBE MOTHER GOOSE PLAYSCHOOL**

| Options: | Two-Day Week Program | Four-Day Week Program |
| --- | --- | --- |
| **One Payment** | $700.00 Due September 1st |  |
| **Monthly**  **payments** | $140.00 Sept. 1st payment covers first and last month.  8 monthly payments of 70.00 | $430.00 Sept. 1st payment covers first and last month.  8 monthly payments of $215.00  8 monthly payments of $90.00  with Subsidy |
|  | ONLINE BANKING AVAILABLE | ONLINE BANKING AVAILABLE |

***\*\* IF YOU QUALIFY FOR GOVERNMENT CHILD CARE SUBSIDY TWO-DAY PROGRAM MAY BE FREE OF CHARGE FOR YOU.\*\****

**NSF Cheques:**

There is an additional fee of **$20.00** for **each** dishonored cheque. Payment must be received directly by the Treasurer within five days of notification. After two NSF cheques, a child’s enrollment could be jeopardized.

No child will be registered if there are unpaid fees relating to the attendance of a previous sibling. Registration shall only be accepted after the past due account has been paid and the registering child’s fees have been paid in full (cash only).

**WITHDRAWING CHILDREN**

Notice to withdraw your child from Playschool **must be provided in writing** to the Director.

Any child who withdraws before the first of the month will be refunded all subsequent month’s tuition. If a child is withdrawn before the middle of the month you will be refunded one half of the monthly tuition and all subsequent months remaining. If the withdrawal occurs past the middle of the month, none of the current month’s fee will be refunded, only the subsequent month’s remaining.

**Personal Information Protection Act**

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

Student's Full Name

**MOTHER GOOSE PLAYSCHOOL**Lacombe, Alberta

*Unless the playschool* is *notified of a change, this signed document will be*

*in effect for the entire time your child is registered at Mother Goose Playschool.*

The Personal Information Protection Act (PIPA) requires that parents/guardians be advised of   
collection, use and disclosure of personal information. However, in the education and socialization   
of children, personal information is often collected and used to assist in the administration of the   
program and the activities that are a normal part of school life.

Your Permission is Required

Because Mother Goose Playschool is a volunteer based society, the parents play an integral role in   
the everyday operations. We provide each parent with a class list disclosing the children's names,   
their birth dates, their parent/guardians' names, and their phone numbers. This information is   
important for communicating to others in the child's class in the event that you are unable to attend   
a parent helper day and need to find a replacement. We also post all of the class lists at the   
Playschool so the teachers have easy reference to names and phone numbers in the case of an   
emergency or for communication purposes.

Throughout the school year, there will be school events which are open to the public. Parents and   
the media may be in attendance and are allowed to take photographs, videos, and conduct   
interviews without first obtaining consent. These events may include: Michener Park, Rodeo,   
Halloween Party, Police and Fire Hall Field Trip, Beach Party, Boston Pizza Field Trip, Kerry   
Wood Nature Centre Field Trip, SPCA Field Trip, Pajama Party, Mother's Day Tea, Graduation,   
Year End Picnic.

**Your signature (parent/guardian) will indicate approval for the above named** child **to:**

1. Receive a class list including your child's personal information.
2. Be photographed by the media, approved community organizations, and Mother Goose   
   Playschool staff and parents.
3. Be interviewed by the media, approved community organizations, and Mother Goose   
   Playschool.
4. Have student work displayed, recognized, or reproduced inside and outside of the   
   playschool. Information relating to this student's work will be communicated to the   
   home in advance if outside of playschool.

\*\*\* *Please advise the playschool immediately if this information changes.*

If you have any questions or concerns regarding the collection or use of this information, please contact   
Jane Wilkinson, Director at Mother Goose Playschool (403-782-4450).

**PLEASE COMPLETE OVER**  🡪

**Personal Information Protection Act**

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Student's Full Name

Do you give consent to release personal information as indicated?

**YES** - I have read the information on the reverse side of this sheet and give consent to release the personal information referred to on the page prior.

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

Signature Please print name Date

**OR**

**NO** - I have read the information on the reverse and understand and accept that there are a variety of ways to use personal information in the context of a playschool setting. However, I WILL NOT provide approval for the release of personal information for my child including the items listed under points 1 -4.

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

Signature Please print name Date

Pictures on the Mother Goose Playschool web site, mothergooseplayschoo1.com, could be occasionally changed and may include photos (no names) of current or past students and/or families, engaging in Playschool activities. Please complete the following section.

**YES** - I give consent to include photos of my child and/or family on the web site.

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

Signature Please print name Date

**OR**

**NO** - I WILL NOT give consent to include photos of my child and/or family on the web site.

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

Signature Please print name Date

**MEDICAL TREATMENT OF STUDENT AT MOTHER GOOSE PLAYSCHOOL**

The undersigned,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ being the parent/guardian of a student at Mother Goose   
Playschool do hereby request and authorize personnel employed by Mother Goose Playschool to provide   
necessary first aid and prescribed medication and other prescribed treatment to the said student, and for so   
doing, this will serve as a release and indemnification of and from any action or inaction of any personnel of   
Mother Goose Playschool associated with the rendering of first aid or administering of prescribed medication   
and other prescribed treatment to the said student.

Further, the undersigned parent/guardian recognize and acknowledge that the personnel employed by   
Mother Goose Playschool who may, as a result of this request, be rendering first aid or administering   
prescribed medication or other prescribed treatment to the said student are not medical practitioners.

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

Signature Please print name Date