CHILD RECORD
Please print and fill ALL sections. If something does not apply, please write N/A or none.

Class Registered in: _____ **Commencement Date:** _____

Child's Name: _____ **Preferred Name:** _____

Birth Date: _____ Gender: F   M   Home Phone: _____

MM   DD   YYYY

Home Address: _____ Postal Code: _____

Child lives with: both parents   mother   father   others (specify) _____

Language spoken at home: _____ Has your child attended?   dayhome   preschool previously?

FAMILY INFORMATION: (Please write "same" if home address is the same as above)

Mother's Name: _____ Fathers Name: _____

Home Address _____ Home Address: _____

_____P/C_____   _____P/C_____

Mother's Cell Phone: _____ Father's Cell Phone: _____

Mother's Work Phone: _____ Father's Work Phone: _____

Email Address: _____

This is used to send out month newsletter or to keep you updated on preschool events.

Is your child attending preschool with an Aide?   Y   N   What Agency: _____

Emergency Contact Information: (if parents cannot be reached). This person must be able to speak English and able to pick up your child in an emergency.

Name: _____ Relationship to the child: _____

Address: _____ Phone Number: _____

Authorized persons to whom your child may be released to? (Other than parent)

Name: _____ Phone: _____ Relationship to child? _____

Name: _____ Phone: _____ Relationship to child? _____

Name: _____ Phone: _____ Relationship to child? _____

Is there anyone specifically NOT allowed access to your child? _____

MEDICAL INFORMATION:

List any allergies your child has.   None······ _____SSSSSSS_____

Please describe typical reactions _____

Does your child need an EpiPen for this allergy?   No   Yes   If yes, please complete and attach Medication form.

Is your child on any ongoing medication?   No   Yes If yes, please complete and attach Medication form.

Is your child's immunization up to date?   No   Yes. If you have chosen not to immunize your child, please provide a signed declaration. Attach to this form.

List any dietary concerns _____

Are there any reoccurring medical problems that are pertinent to his/her activities at the preschool? _____

I understand that my child, _____ where they may be in contact with other people carrying a communicable disease. I do not hold Kings Kids Preschool liable for exposure to any such disease during the program.

General Information About your Child

Sibling and age: _____; _____; _____

_____; _____; _____; _____

Does your child have any fears/anxiety? No   Yes _____

What would you like us to know about your child? _____

_____

_____

_____

Signature:_____ Date: _____

PLEASE ATTACH THE FOLLOWING IN ORDER TO SECURE A SPOT FOR YOUR CHILD

- o   Registration fee ($50) – non-refundable
- o   Deposit fee – current date – equal to a month's tuition
- o   9 post-dated cheques dated the 1st of each moth (October to May)
- o   Completed, dated and signed Registration form
- o   Completed, dated and signed Enrolment Form
- o   Completed, dated and signed Portable Record Form
- o   Completed, dated and signed Permission and Policies form
- o   Completed and signed Medication Administration Form (if applicable)

PORTABLE RECORD INFORMATION – (Alberta Child Care Licensing requires this separate form to be filled out completely.) This form will taken with us when we leave the classroom for nature walks, outside play, field trips or emergency evacuations.

Child's Name: _____ **Preferred Name:** _____

Birth Date: _____ Gender: F   M   Home Phone: _____
          MM   DD   YYYY

Home Address: _____ Postal Code: _____

FAMILY INFORMATION: (Please write "same" if home address is the same as above)

Mother's Name: _____	Fathers Name: _____
Home Address _____	Home Address: _____
_____P/C_____	_____P/C_____
Mother's Cell Phone: _____	Father's Cell Phone: _____
Mother's Work Phone: _____	Father's Work Phone: _____

List any allergies and typical reactions your child has. _____

Does your child need an EpiPen for this allergy?   No   Yes   If yes, please complete and attach Medication form.

List any other medical concerns. _____

Is your child's immunization up to date?   No   Yes. If you have chosen not to immunize your child, please provide a signed declaration. Attach to this form.

Emergency Contact Information: (if parents cannot be reached). This person must be able to speak English and able to pick up your child in an emergency.

Name: _____ Relationship to the child: _____

Address: _____ Phone Number: _____

I give permission for my child, _____ to leave the school premises under the supervision of Kings Kids Preschool for nature walks, community playgrounds and outside play. I understand that my child will be supervised at all times.

I understand the risks involved in such mentioned activities. I release Kings Kids Preschool and any of their staff from any claims and actions from any accident caused by the participation during any activity/

Parents Signature: _____ Date: _____

CONSENT FORM

FIRST AID

I give permission to Kings Kids Preschool to administer the appropriate first aid and/or contact the Emergency Medical Services, if deemed necessary to transport my child, _____ at my expense.

Parent Signature: _____ Date: _____

MEDIA CONSENT

I give permission to Kings Kids Preschool to use the photographs, digital, audio record of my child, _____ to be used within Kings Kids Preschool. I understand that Kings Kids Preschool will protect the privacy of my child and their school work will be identified by first name only.

Parent Signature: _____ Date: _____

I , _____ give permission to Kings Kids Preschool to release my name, child's name and telephone number in form of a class list to parents registered in my child's class. I understand this is for the purpose of arranging play dates, birthday parties etc.

I, _____ do not give permission that my child's name be included in a class list that will only be distributed to parents registered in my child's class.

AGREEMENT FORM   Initial

I agree to keep Kings Kids Preschool informed if my child has been assessed by either a Speech Therapist or Occupational Therapist. This will ensure that we are able to offer a program to help your child succeed.

I agree to pick up my child on time. I understand that late charges will apply if I am late,

I agree that tuition fee is during on or before the 1st of each month, even if my child is in not attendance on the 1st . I understand that a $10 per week (or part thereof) will apply and that staff will not be able to accept payment if the late fee is not included.

I understand that a $25 NSF fee will be imposed for NSF cheques.

I understand that a $10 per month administration fee will apply if I qualify for subsidy. This fee will be deducted off my reimbursement cheques.

If I choose to pay by CASH, my tuition payment will be in a sealed envelope with my child's name and amount enclosed. The sealed envelope will be witnessed when opened. A receipt will be issued within a week of receipt.

I will keep my teacher / administrator informed of situations that develop throughout the year that may affect my child e.g. death, divorce, birth of a sibling.

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