



KING'S KIDS FOUNDATION

REGISTRATION FORM 2023-2024

Child Information

Name _____

Address _____

Birth Date _____

School: St. Rupert _____ Cecil Swanson _____ Rundle _____ Pineridge _____

Current Grade _____

Allergies _____

Food Restrictions: Meat (please specify) _____

Others _____

Parent Information

Mother _____

Address _____

Email _____

Work Phone _____

Home Phone _____ Cell Phone _____

Father _____

Address _____

Email _____

Work Phone _____

Home Phone _____ Cell Phone _____

Child lives with: (please check one) Mom _____ Dad _____ Both Parent _____

Emergency Contact

1. Name _____ 2. Name _____
Phone _____ Phone _____

Relationship to the Child and if allowed to pick up the child, please check Yes _____:

_____ Yes _____ Yes _____

Another person/s to Pick-up list:

Medical Information

Is Immunization Up to Date? Yes _____ No _____ Prefer NOT to say _____

Doctor's Name _____ Phone _____

Ongoing Medication: Yes _____ No _____

(if Yes, please fill up the Medication Form Consent provided by the Staff on the first day of attendance at the Program)

Family History

Are there any Religious/Beliefs/Cultural practices that we should know? Yes _____ No _____

If Yes, please let us know how can we support this) _____

Does your child have any behavioural issues? Yes _____ No _____

If Yes, please explain _____

Photo / Video Consent

(Please initial each appropriate statement)

_____ I understand that King's Kids Staff may take photos / videos during the indoor / outdoor play activities for documentation & Program Planning purposes.

_____ I understand that the photos / videos will only be used during presentations, displays to the Learning Stories Bulletin Board, and for the child's portfolio.

_____ I understand that the photos / videos are not to be used for any social media posts (Facebook, Instagram, Twitter, Snapchat, etc.)

Transport / Release Consent

_____ I understand that my Child can be walked to the school by foot by King's Kids Staff as per Alberta Licensing Ratio Requirements.

_____ I understand that my Child can take part in all scheduled field trips, other off-site establishment like in a nearby park, playground, library, and stores.

_____ I give permission to King's Kids Staff to call EMS 911 to receive medical attention in case of medical emergency.

Signature: _____ **Date** _____