

La Perle Community Playschool Registration Form

Date: _____ Community League Name/Number: _____

Registration deposit received by: Cash Cheque ***I acknowledge that the \$25 registration fee + first month tuition is NON-REFUNDABLE.** Signature: _____

Choice of Class:

Tuesday & Thursday:	Monday, Wednesday & Friday:
<input type="checkbox"/> 3 Year Old Mornings (9 am - 11 am)	<input type="checkbox"/> 4 Year Old Mornings (9 am - 11:15 am)
<input type="checkbox"/> 3 Year Old Afternoons (1 pm - 3 pm)	<input type="checkbox"/> 4 Year Old Afternoons (12:45 pm - 3 pm)

Child's Legal Name: _____
Surname First Name

Preferred name your child would like to be called at school: _____

Birthdate: (Month Day, Year - ex. April 26, 2015) _____

Child's Primary Contact Information/ Parent/Guardian 1:	Parent/Guardian 2 Contact Information:
Name:	Name:
Address (please include postal code):	Address (if different):
Primary Phone #:	Primary Phone #:
Work Phone #:	Work Phone #:

Release Authorization:

Authorized persons to whom the child MAY be released to other than Caregivers above:

- 1. _____ 2. _____
- 3. _____ 4. _____

Persons to whom the child MAY NOT be released to:

- 1. _____ 2. _____

Emergency Contact(s):

****Must have at least one contact other than parents; complete address required.**

1. Name: _____ Relationship to child: _____

Address: _____ Phone Number: _____

2. Name: _____ Relationship to child: _____

Address: _____ Phone Number: _____

****Please ensure you have completed the reverse side of form.**

La Perle Community Playschool Medical Release Form

Child's Alberta Health Care #: _____

Child's Doctor: _____ Phone Number: _____

Clinic Address: _____

****In case of accident or illness requiring emergency medical attention, please note that the parent or guardian, as well as the family doctor or clinic will be notified at once. Also note that parents are responsible for any costs incurred for necessary medical attention.**

Signature of parent or legal guardian authorizing emergency medical attention:

Child's Health History and Relevant Background Information:

1. Does your child have allergies? Yes No If yes, please explain allergen and type of reaction:

2. Are your child's immunizations up-to-date? Yes No If no, please state reason and indicate whether vaccinations will be completed prior to starting playschool: _____

3. Does your child have any chronic/permanent medical conditions that require additional care?

4. If your child is on any medications, please specify (ex. Epipen): _____

Other:

5. Any special concerns you may have about your child: _____

6. Your phone number will be displayed on monthly calendars that will be distributed to all of your child's classmates and their families. Is this okay? Yes No Signature: _____

If no, please provide reason: _____

7. Do we have your permission to post pictures of your child on our playschool's social media?

Yes No Signature: _____

8. Please tell us how you heard about La Perle Community Playschool:

Printed Ad Community League Billboard Social Media Word of Mouth

Other (Please specify): _____

****Please ensure you have completed the reverse side of form.**