



Date: \_\_\_\_\_ Community League Name/Number: \_\_\_\_\_

**Child's Personal Information:**

Child's Legal Name: \_\_\_\_\_  
Surname First Name  Male  
 Female

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

Birthdate: (Month Day, Year - ex. April 26, 2015) \_\_\_\_\_ Birth Certificate Checked

Child's Contact Information	Parent/Guardian 1 Contact Information:	Parent/Guardian 2 Contact Information:
Child's Main Address:	Parent/Guardian Name:	Parent/Guardian Name:
	Address (If different from the Child):	Address (If different from the Child):
Child's Primary Phone Number:	Occupation:	Occupation:
Siblings: (please include name and age)	Work Phone #:	Work Phone #:
	Primary Phone #:	Primary Phone #:
Preferred Email address:		

**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)

**Release Authorization:**

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

1. \_\_\_\_\_ 2. \_\_\_\_\_
3. \_\_\_\_\_ 4. \_\_\_\_\_

If applicable, 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: \_\_\_\_\_



**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:**

1. Any special concerns you may have about your child: \_\_\_\_\_

\_\_\_\_\_

2. 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: \_\_\_\_\_

3. Please tell us how you heard about LaPerle Community Playschool:

Printed Ad  Community League Billboard  Social Media  Word of Mouth

Other (Please specify): \_\_\_\_\_

Registration deposit received by:  Cash  Cheque  Pre-Authorized Debit

**\*\*I acknowledge that the \$25 registration fee + first month tuition is NON-REFUNDABLE\*\***

Signature: \_\_\_\_\_