



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. _____

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: _____

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