



Parents' Place Preschool Academy Registration Form

CHILD'S INFORMATION:

Child's name: _____

DOB: _____

Address: _____

Start Date: _____

AB Health #: _____

Class: AM-2 AM-3 PM-3

Are your child's immunization up to date? Yes or No

If 'no' please explain: _____

Please list any medical conditions/allergies we should be aware of: _____

Please list any behavioral/developmental concerns we should be aware of: _____

Please list any other pertinent information we should be aware of: _____

PARENT/GUARDIAN INFORMATION

Mother:

Father:

| | | |
|----------|--|--|
| Name: | | |
| Address: | | |
| Phone: | | |
| Cell: | | |

| | |
|---|-----------|
| Are you applying for the Stay At Home Subsidy? | |
| YES | NO |

EMERGENCY INFORMATION:

Doctor Name: _____

Phone: _____

Please list two emergency contacts other than parent:

Contact 1:

Contact 2:

| | | |
|----------|--|--|
| Name: | | |
| Phone: | | |
| Address: | | |

(See back of paper)

PARENTAL CONSENTS

Permission Form For Outdoor Activities

I understand that in order for my child to take part in outdoor activities, I am required to give permission for him/her to play at the park or go for neighborhood walks.

Parent Signature: _____

Medical Emergencies

I, _____ (parent / guardian's name) hereby give permission for any and all medical attention to be administered to my child(ren) _____ in the event of a medical emergency, under the direction of St. Albert Parent's Place Staff. In the event that your child needs to be transported by ambulance it will be at your (the parent) expense.

I understand and accept these terms.

Parent's Name: _____ Parent's Signature: _____

Date: _____

Witness Name: _____ Witness Signature: _____

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|---|
| <p>FOR OFFICE USE ONLY</p> <p>Registration Fee Paid?: _____</p> <p>Membership Fee Paid?: _____</p> <p>Comments: _____</p> <p>Fundraising Options: Donation _____ Work 2 Bingo's _____ Mayor's Walk _____</p> |
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