

Preschool Academy Registration Form

CHILD'S INFORMATION:

Start Date: _____

Child's Name: _____ F / MDOB: _____

Address: _____ AB Health #: _____

Are your child's immunization up to date? Yes / No...If "No" please explain: _____

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

List any behavioral / developmental concerns or pertinent information we should be aware of: _____

PARENT / GUARDIAN INFORMATION:

Mother: Name _____ Address: _____

Phone: Home _____ Cell _____ Work _____

Occupation _____ E-Mail _____

Father: Name _____ Address: _____

Phone: Home _____ Cell _____ Work _____

Occupation _____ E-Mail _____

EMERGENCY INFORMATION:

Doctor Name / Health Unit _____ Phone _____

Emergency contacts other than parent: (Must Have)

Contact 1: Name _____ Phone _____

Address _____ Relationship _____

Contact 2: Name _____ Phone _____

Address _____ Relationship _____

Please turn over and complete

PARENTAL CONSENTS:

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 in our playground 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 Family Resource Centre staff. In the event that your child needs to be transported by ambulance it will be at your (the parent) expense.

Parent’s Name _____ Parent Signature _____

PHOTOGRAPH CONSENT:

I hereby consent for _____ to be photographed by staff at St. Albert Family Resource Centre.

In house displays..... YES / NO

Display to be taken on the road..... YES / NO

For the media to promote St. Albert FRC..... YES / NO

For use on St. Albert FRC website, newsletter or annual report. YES / NO

Print Name of Parent / Legal Guardian

Signature of Parent / Legal Guardian

FOR OFFICE USE ONLY

Registration Fee Paid, Receipt # _____ Membership Fee Paid, Receipt # _____

Comments: _____

WITHDRAWAL

Date: _____ Preschool Class 2 day am, 3 day am, 3 day pm

Last Day of Class: _____ Cheques Returned or Shredded _____

Reason for Withdrawing (optional): _____