



2024-25 School Year
EARLY DISCOVERIES

Ph. (403)239-3444 Email: registration@earlydiscoveries.ca

<input type="checkbox"/> Beddington	<input type="checkbox"/> 3 yr	<input type="checkbox"/> Mon	<input type="checkbox"/> AM
<input type="checkbox"/> Hawkwood	<input type="checkbox"/> 4 yr	<input type="checkbox"/> Tue	<input type="checkbox"/> PM
<input type="checkbox"/> Kincora	<input type="checkbox"/> Kinder	<input type="checkbox"/> Wed	
<input type="checkbox"/> Royal Oak	<input type="checkbox"/> Science	<input type="checkbox"/> Thur	
<input type="checkbox"/> Thorncliffe	<input type="checkbox"/> Other	<input type="checkbox"/> Fri	

Family Information			
Child's Name _____ first middle last	Name used _____	Male ___	Female ___
Date of Birth (dd/mm/yyyy) _____			
Address _____		Postal Code _____	
Language Spoken _____		Home ph _____ Email _____	
Mother's Name _____		Occupation _____	
Employer _____		Bus ph _____ Cell ph _____	
Address if different from child's _____			
Father's Name _____		Occupation _____	
Employer _____		Bus ph _____ Cell ph _____	
Address if different from child's _____			
Household members: sibling's name _____		Age _____	
sibling's name _____		Age _____	
Other members _____			
Has your child been in preschool before? Y/N If yes, where? _____			

Emergency Contact Person (other than Parents)		
Name _____	Phone _____	Cell Phone _____
Address _____		Postal Code _____
Persons authorized to pick up your child _____		

Health Information	
Allergies/Sensitivities _____	Chronic Conditions _____
Food not eaten due to religious beliefs/customs: _____	
Does your child require any medication? If so, please indicate medication. _____	
Medication should be kept at school. If you choose to bring it back and forth, your child will not be able to attend class unless the medication is present.	
Concerns Speech: Y / N Other: _____	
Has your child received any services from Alberta Health/therapists/agencies? Y or N	
If yes, from whom? _____	
*Please note that as of 2021, a child receiving PUF funding must attend 300 hours (3 year olds - 4 days/week), 400 hours (4 year olds - 5 days/week), or 475 hours (Kindergarten). A child receiving MM funding must attend 475 hours (5 days plus 20 additional hours).	
(* NOTE: We <u>no</u> longer accept funded children from outside agencies.)	

Consent for medical attention

I give authority for my child's teacher to take the necessary steps to ensure that my child receives the care needed in any emergency. I also understand that I would be contacted immediately when any care is required. If a staff member from Early Discoveries needs to summon an ambulance, then I will be responsible for the cost incurred. As well, I understand that if my child has a diagnosed allergy/medical condition requiring medication, I will provide the prescribed medication to the school to be kept at the school. If I choose to bring the medication back and forth, I am aware that my child cannot attend if I forget the medication.

Parent's signature: _____

The Alberta regulations require that each school be aware of whether a child is immunized or not.

_____ My child's immunization is up to date as of _____ (today's date)

_____ My child has not been immunized for the following and/or not at all:

We only ask about immunization records in case an outbreak occurs in the class/school. Then, we can notify families whose children are not immunized.

Consent for Field Trips

I hereby give permission for my child to participate in all the day to day school activities such as nature walks, trips to the park and outside snack and story times. I authorize the preschool/Kindergarten to include my child in all field trips planned for the school year. If I object to any trips then I will keep my child home on that day. It is my understanding that the teacher will inform me of any class trips other than short walking trips, and I will be required to sign a permission slip to show my agreement with the plans.

Signature of parent _____

Speech and OT screening **(KINDERGARTEN ONLY)**

As part of our Kindergarten program, we provide a speech and OT screening in September. The screening is conducted by our speech pathologist and our occupational therapist. If the therapist finds that your child needs additional help in these areas, she will contact you and let you know.

If you would like to have your child screened for speech and/or OT, please sign below. If you do not want your child to be screened, please check below.

_____ Yes, I would like to have my child screened for speech. _____ (signature)

_____ Yes, I would like to have my child screened for fine motor skills (OT). _____ (signature)

_____ No, I do not want my child to be screened for speech.

_____ No, I do not want my child to be screened for OT.

If you consent to your child being screened and the therapist(s) determine your child needs assistance, your signature above implies you agree to your child receiving therapy.

***The government of Alberta will only provide funding for one Kindergarten program. If your child is enrolled at another school for Kindergarten, that school will receive the funding. If you want your child to attend our Kindergarten program as well, you will be paying monthly fees for our program.**

Payment Information Required

Automatic EFT Payment:

Branch Transit Number: _____ (5 digits)

Financial Institution Number: _____ (3 digits)

Account Number: _____

Account holder name: _____

Account holder signature: _____

*** Kindergarten reg fee is non-refundable (\$315)**

*** Non-refundable registration fee of \$145 will be added to first payment of preschool students**

Payments from your account will show up as Early Discoveries or EDNS

I agree to give Early Discoveries one month's notice of withdrawal/absence or I will forfeit one month's payment.

I understand that no refunds for the current school year are given after May 1st. I also understand the registration fee is non-refundable.

Signature: _____