

Early Discoveries

Family Information:

Child's Name _____ Name used _____ Male ___ Female ___
first middle last

Date of Birth (d/m/y) _____

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/Wilbury Gang/ Stepping Stones before? Y/N

If so, where? _____

Emergency Contact Person (Other Than Parents)

Name _____ Phone _____ Cell Phone _____

Address _____ Postal Code _____

Persons authorized to pick up your child _____

Health

Allergies/Sensitivities _____ Chronic Conditions _____

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: _____

Is your child currently receiving or have they received any funded services from therapists/agencies? If yes, from whom?

Has your child had any medical or emotional condition requiring treatment? If yes, please explain.

* NOTE: We no 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 _____

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.

Signature: _____

Payment - For Office Use Only

1 Due on registration for preschool:

Non-refundable registration fee \$100.00 and \$_____ 1 month's deposit due now (applied to June 2021)

Payments Options:

A. Automatic withdrawal from your bank account (form to be filled out) _____

B. Monthly cash payments _____

C. E-transfers _____ (send to carolyn.edns@shaw.ca; password school1)

2 In order to guarantee your placement the registration form and payment details must be returned in two weeks from the time you receive your registration package. You can drop off your package at any of our locations or mail it in to the address below.

Box 362, #305-4625 Varsity Drive NW, Calgary, AB T3A 0Z9