

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: sister's name _____ Age _____

 brother'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

Allergies _____ 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 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: If your family chooses to go with an outside agency for services, you MUST let our office know immediately. We reserve the right to transfer your child to another class or school as we limit the number of extra adults in our classes.**

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 on month's payment.

Signature: _____

Payment - For Office Use Only

1 Due on registration for preschool:

Non-refundable registration fee \$_____ and June \$_____ fee = \$_____ dated today

Cheques for September to May \$_____ per month (dated 1st of each month)

For Kindergarten only: Fees due are \$_____ and a copy of your child's birth certificate.

All cheques must be handed in with your child's registration form.

2 All cheques made payable to Early Discoveries (EDNS) for preschool or (EDCS) for Kindergarten.

3 **In order to guarantee your placement the registration form and payment must be returned in two weeks from the time you receive your registration package.**

For office use only: Payments received at registration:

Registration fee _____ March deposit _____ September to May postdates _____