

Lessard Community Playschool

Registration Form 2026 – 2027



PLEASE CHECK ONE:

3 to 4-year-old Preschool Program: **Children MUST be FULLY TOILET TRAINED**

**limited spots for 2-year-old's turning 3 before Dec 31, 2026*

Tuesday & Thursday 9:00 am - 11:15 am

\$90/month (\$1900 - \$1000 AB Canada Child Care Affordability Grant ***subject to change**)

4-year-old Preschool Program:

Monday, Wednesday, & Friday 9:00 am - 11:30 am

\$125/month (\$2250 - \$1000 AB Canada Child Care Affordability Grant ***subject to change**)

CHILD'S INFORMATION

Child's First and Last Name: _____

Child's Date of Birth (Eg. September 1, 1999): _____

Child's Home Address (including postal code): _____

ABOUT MY CHILD

Child's Pronoun:

He/Him

She/Her

They/Them

Is this your child's first experience with a non-parented activity?

Yes

No

Siblings?

Yes

No

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Languages Spoken at home? _____

Holiday's Celebrated? _____

What are your expectations or hopes for your child at playschool?

Is there anything regarding your family or child that you would like to share with us?

PARENT INFORMATION

Parent/Guardian (1) Name: _____			
Relationship to Child: _____			
Address: _____			
Primary Phone Number: _____	Home	Cell	Work
Secondary Phone Number: _____	Home	Cell	Work
Email Address: _____			
Occupation: _____			

Parent/Guardian (2) Name: _____			
Relationship to Child: _____			
Address: _____			
Primary Phone Number: _____	Home	Cell	Work
Secondary Phone Number: _____	Home	Cell	Work
Email Address: _____			
Occupation: _____			

***Who should receive email communications from
playschool?***

Parent 1

Parent 2

Both

EMERGENCY CONTACT INFORMATION

We require **two (2) emergency contacts** that are NOT the parents/guardians of the child.
Please ensure all information is completed below:

1. First and Last Name: _____
Relation to Child: _____
Primary Phone Number: _____
Secondary Phone Number: _____
2. First and Last Name: _____
Relation to Child: _____
Primary Phone Number: _____
Secondary Phone Number: _____

CHILD'S MEDICAL INFORMATION

Are your child's immunizations up-to-date? Yes No

If no, please sign to acknowledge; I am aware of the risks of not having my child immunized. I agree to voluntarily remove my child from the program in the event of an outbreak of any infectious disease which is currently covered by the Alberta Health Services Immunization Program. The return date will be established after consultation with Alberta Health Services.

Signature: _____

Does your child need/use an inhaler? Yes* No *Medical Form Required

Does your child need/use an epi-pen? Yes* No *Medical Form Required

Please list allergies and signs/symptoms of allergic reaction (*if no allergies indicate none*):

Please list any food restrictions (*if no food restrictions indicate none*):

Other Information you feel we should be made aware of:

UNAUTHORIZED INDIVIDUALS

Is there anyone NOT allowed to pick up your child e.g. *Restraining order*? Yes No

If yes, please provide court documents clearly identifying the individual.

Court documents received and copied? Yes No

PARENT RESPONSIBILITIES	INITIAL
1. I understand that there is a \$100 NON-REFUNDABLE registration fee due at time of registration.	
2. I understand that fundraising is an important part of maintaining our playschool. Should I choose to opt out or not fulfill my obligations, my \$300 fundraising cheque will be cashed.	
3. I understand that the playschool relies on parent volunteers, and it is required of me to participate on the Parent Advisory OR Playschool Committee. My \$225 parent cheque will be cashed should I not participate.	
4. I have read and understood the Parent Handbook for 2026-2027.	
5. I understand that there is a \$125 toy cleaning fee due October 1, 2026.	

PERMISSIONS	INITIAL
1. I hereby grant permission for my child to use all of the indoor and outdoor play equipment including the playground and sports fields, and participate in all activities of the Playschool located at 17404 - 57 Avenue Edmonton, Alberta.	
2. I acknowledge and understand that Lessard Playschool will share personal information such as name, address, email and students Date of Birth, with Alberta Childcare in order to register and process monthly childcare grant claims.	
3. I hereby grant permission for staff members to take whatever steps may be necessary to obtain medical care if warranted. In the event of a medical emergency, appropriate health care will be provided, and parents/guardians will be notified immediately. The child may require transportation to the nearest medical facility; this may be by car or ambulance. Any costs incurred by such transportation will be the responsibility of the parent(s) or legal guardian(s).	
4. I hereby grant permission for the use of my child's photo/video/artwork to be used in the Playschool newsletter, website, or any other promotional material. Please note your child's name is not used nor is their face shown.	
5. I hereby grant permission for my child's artwork and photos to be displayed in the Playschool for display purposes.	
6. I hereby grant permission for photos/videos to be taken of my child while in the Playschool, on surrounding Lessard Community League grounds and during field trips.	

I hereby grant permission of release for ALL the above items to be used by Lessard Community Playschool, which has been initialed.

Parent/Guardian Signature: _____

Date: _____

AUTHORIZED INDIVIDUALS

If there is anyone other than the parents/guardians picking up or dropping off your child, please list them below. Emergency contacts are not authorized to pick up your child, they must be listed below in order to do so. You can add to this list throughout the year, but please remember that we can only release your child to those listed below:

NAME OF STUDENT: _____ PROGRAM: 3/4 **OR** 4

1. First and Last Name: _____ Relation to Child: _____

Address (including city and postal code): _____

Primary Phone: _____ Secondary Phone: _____

Authorization Date: _____ Signature: _____

2. First and Last Name: _____ Relation to Child: _____

Address (including city and postal code): _____

Primary Phone: _____ Secondary Phone: _____

Authorization Date: _____ Signature: _____

3. First and Last Name: _____ Relation to Child: _____

Address (including city and postal code): _____

Primary Phone: _____ Secondary Phone: _____

Authorization Date: _____ Signature: _____

4. First and Last Name: _____ Relation to Child: _____

Address (including city and postal code): _____

Primary Phone: _____ Secondary Phone: _____

Authorization Date: _____ Signature: _____

5. First and Last Name: _____ Relation to Child: _____

Address (including city and postal code): _____

Primary Phone: _____ Secondary Phone: _____

Authorization Date: _____ Signature: _____

6. First and Last Name: _____ Relation to Child: _____

Address (including city and postal code): _____

Primary Phone: _____ Secondary Phone: _____

Authorization Date: _____ Signature: _____

AUTHORIZED INDIVIDUALS

If there is anyone other than the parents/guardians picking up or dropping off your child, please list them below. Emergency contacts are not authorized to pick up your child, they must be listed below in order to do so. You can add to this list throughout the year, but please remember that we can only release your child to those listed below:

NAME OF STUDENT: _____ PROGRAM: 3/4 **OR** 4

7. First and Last Name: _____ Relation to Child: _____

Address (including city and postal code): _____

Primary Phone: _____ Secondary Phone: _____

Authorization Date: _____ Signature: _____

8. First and Last Name: _____ Relation to Child: _____

Address (including city and postal code): _____

Primary Phone: _____ Secondary Phone: _____

Authorization Date: _____ Signature: _____

9. First and Last Name: _____ Relation to Child: _____

Address (including city and postal code): _____

Primary Phone: _____ Secondary Phone: _____

Authorization Date: _____ Signature: _____

10. First and Last Name: _____ Relation to Child: _____

Address (including city and postal code): _____

Primary Phone: _____ Secondary Phone: _____

Authorization Date: _____ Signature: _____

11. First and Last Name: _____ Relation to Child: _____

Address (including city and postal code): _____

Primary Phone: _____ Secondary Phone: _____

Authorization Date: _____ Signature: _____

12. First and Last Name: _____ Relation to Child: _____

Address (including city and postal code): _____

Primary Phone: _____ Secondary Phone: _____

Authorization Date: _____ Signature: _____