

# Lessard Community Playschool Registration Form 2021 – 2022



*This form must be completely filled out including postal codes, phone numbers, and signatures on the parent responsibility page. Your registration may not be considered if this form is missing information.*

### PLEASE CHECK ONE:

<p>3 &amp; 4-year-old Playschool Program: <b>Children</b>  <b>MUST be FULLY TOILET TRAINED</b>          *limited spots for 2 year olds turning 3 between September-December 2020          Tuesday &amp; Thursday 9:00 am - 11:15 am      \$140/month</p>
<p>4-year-old Preschool Program:          Monday, Wednesday, &amp; Friday 9:00 am - 11:30 am      \$180/month</p>

## CHILD'S INFORMATION

Child's First and Last Name: \_\_\_\_\_

Child's Full Address (including postal code): \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Child's Birthday (m/d/yr): \_\_\_\_\_

Child's Gender:  Male       Female

## PARENT INFORMATION

<p>Parent/Guardian (1): _____</p> <p>Relation to child: _____</p> <p>Address (if different than above):          _____          _____</p> <p>Home Phone: _____</p> <p>Cell Phone: _____</p> <p>Work Phone: _____</p> <p>Occupation: _____</p> <p>Email: _____</p>	<p>Parent/Guardian (2): _____</p> <p>Relation to child: _____</p> <p>Address (if different than above):          _____          _____</p> <p>Home Phone: _____</p> <p>Cell Phone: _____</p> <p>Work Phone: _____</p> <p>Occupation: _____</p> <p>Email: _____</p>
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## CHILD'S MEDICAL INFORMATION

Family Doctor: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

Alberta Health Care Number: \_\_\_\_\_

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

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 food or drug allergies (if no food or drug allergies indicate none):

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

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## EMERGENCY CONTACT INFORMATION

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

1. First and Last Name : \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Address (including city and postal code): \_\_\_\_\_

Phone: \_\_\_\_\_ Cell/Other Phone: \_\_\_\_\_

2. First and Last Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Address (including city and postal code): \_\_\_\_\_

Phone: \_\_\_\_\_ Cell/Other Phone: \_\_\_\_\_

## 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 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:

1. First and Last Name : \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Address (including city and postal code): \_\_\_\_\_

Phone: \_\_\_\_\_ Cell/Other Phone: \_\_\_\_\_

2. First and Last Name : \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Address (including city and postal code): \_\_\_\_\_

Phone: \_\_\_\_\_ Cell/Other Phone: \_\_\_\_\_

3. First and Last Name : \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Address (including city and postal code): \_\_\_\_\_

Phone: \_\_\_\_\_ Cell/Other Phone: \_\_\_\_\_

## 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

## GENERAL INFORMATION

Are there any behaviors that you are concerned about or would like to help your child overcome?

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Does your child have any fears or special needs?

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## PARENT RESPONSIBILITIES

INITIAL

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|---|--|
| 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 \$275 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 \$200 parent cheque will be cashed should I not participate. |  |
| 4. I have read and understood the Parent Handbook for 2021-2022.  |  |

## PERMISSIONS

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|---|--|
| 1. I hereby grant permission for my child to use all the play equipment and participate in all activities of the Playschool located at 17404 - 57 Avenue Edmonton, Alberta.   |  |
| 2. I hereby grant permission for my child to leave the school premises under the supervision of the Teacher for neighborhood walks.   |  |
| 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 as well as the family doctor 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.   |  |
| 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 fieldtrips.  |  |

**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:

\_\_\_\_\_  
\_\_\_\_\_