

# Vegreville Preschool Association

5106 - 48 Avenue ♦ Vegreville, AB ♦ T9C 1L8

## 2021/2022 REGISTRATION FORM

This form **must** be completed electronically. Please ensure that all information is complete and accurate. Your child will NOT be registered in the program if any information is incomplete on this registration form.

**\*\*For rural families, legal land locations must be in the form of 12345 RGE RD 152**

### CHILD'S INFORMATION

Child's Last Name:		
Child's First Name:		
Preferred Name Child Goes By:		
Date of Birth (Day/Month/Year):		
Primary Phone Number:		
<b>**ALL ADDRESSES MUST INCLUDE THE STREET ADDRESS OR LEGAL LAND LOCATION</b>		
Child's Home Address:		
Mailing Address:		
Town/City:	Province:	Postal Code:

**PARENT/GUARDIAN 1**    Is child's primary residence with parent/guardian 1    **YES**    **NO**

Last Name:		First Name:	
Relationship to child:			
Home Phone:	Cell Phone:	Work Phone:	
Email Address:			
<b>**ALL ADDRESSES MUST INCLUDE THE STREET ADDRESS OR LEGAL LAND LOCATION</b>			
Address:			
Mailing Address:			
Town/City:	Province:	Postal Code:	

**PARENT/GUARDIAN 2**    Is child's primary reside with parent/guardian 2    **YES**    **NO**

Last Name:		First Name:	
Relationship to child:			
Home Phone:	Cell Phone:	Work Phone:	
Email Address:			
<b>**ALL ADDRESSES MUST INCLUDE THE STREET ADDRESS OR LEGAL LAND LOCATION</b>			
Address:			
Mailing Address:			
Town/City:	Province:	Postal Code:	

**\*\*If you are the legal guardian, please provide the teacher with documentation IF requested.**

Office Use Only:

M/W AM
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M/W PM
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T/TH AM
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T/TH PM
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FRI AM
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**EMERGENCY CONTACTS (OTHER THAN PARENTS/GUARDIANS)**

**\*\*Emergency contacts must be able to reach the preschool within 20 minutes of an emergency call**

**EMERGENCY CONTACT 1**

Last Name:		First Name:	
Relationship:			
Home Phone:		Cell Phone:	
		Work Phone:	
<b>**ALL ADDRESSES MUST INCLUDE THE STREET ADDRESS OR LEGAL LAND LOCATION</b>			
Address:		Mailing Address:	
Town/City:		Province:	Postal Code:

**EMERGENCY CONTACT 2**

Last Name:		First Name:	
Relationship:			
Home Phone:		Cell Phone:	
		Work Phone:	
<b>**ALL ADDRESSES MUST INCLUDE THE STREET ADDRESS OR LEGAL LAND LOCATION</b>			
Address:		Mailing Address:	
Town/City:		Province:	Postal Code:

**CHILD MAY BE RELEASED TO (OTHER THAN PARENTS/GUARDIANS OR EMERGENCY CONTACTS)**

Last Name:		First Name:	
Relationship:			
Home Phone:		Cell Phone:	
		Work Phone:	
<b>**ALL ADDRESSES MUST INCLUDE THE STREET ADDRESS OR LEGAL LAND LOCATION</b>			
Address:		Mailing Address:	
Town/City:		Province:	Postal Code:

Last Name:		First Name:	
Relationship:			
Home Phone:		Cell Phone:	
		Work Phone:	
<b>**ALL ADDRESSES MUST INCLUDE THE STREET ADDRESS OR LEGAL LAND LOCATION</b>			
Address:		Mailing Address:	
Town/City:		Province:	Postal Code:

**NOT ALLOWED ACCESS TO YOUR CHILD (Must provide copies of legal documentation if you are placing someone on this list who is a parent or legal guardian of this child. No child will be released to anyone whom is placed on this list).**

Last Name:		First Name:	
Relationship to Child:			

Last Name:		First Name:	
Relationship to Child:			

**CHILD'S HEALTH INFORMATION**

Last Name:		First Name:	
Child's Physician:		Personal Health Number:	
Physician's Clinic Address:		Office Number:	
Town/City:	Province:	Postal Code:	

Is your child up to date with immunizations:            YES            NO

Please describe any existing medical conditions that your child has, as well as any physical conditions you would like to provide that may prevent your child from participating in indoor/outdoor physical activity. Please include information about any vision, hearing, or speech difficulties:

List all medication(s) that your child is taking regularly, and the condition(s) for which it is taken:

MEDICATION	CONDITION

I understand that if an emergency should occur, the Preschool will make every effort to contact me, the parent/guardian(s) or the emergency contacts. Should they be unsuccessful in locating me, I authorize any and all employees of the Preschool to sign for emergency medical treatment of my child, including transportation by ambulance if deemed necessary. I realize that the cost of the medical transportation and care are my full responsibility and not the responsibility of the Vegreville Preschool Association or its staff.

I also give permission to the attending physician to treat my child for illness or injury as is necessary under these circumstances.

Electronic Signature	Date (Day/Month/Year)

The electronic signature above replaces a handwritten signature on paper and is legally binding.

# ALLERGIES

Additional information regarding allergies is available in the Policy and Procedure Manual located at Vegreville Preschool.

Child's Last Name:	Child's First Name:
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Does your child have any known allergies:      YES      NO

If YES, please complete the rest of the form, if NO, please sign and date the form at the bottom.

Parent/Guardian 1:		
Home Phone:	Cell Phone:	Work Phone:
Parent: Guardian 2:		
Home Phone:	Cell Phone:	Work Phone:

My child is allergic to (please list food, medications, or other):

	Mild:	Moderate:	Severe:
	Mild:	Moderate:	Severe:
	Mild:	Moderate:	Severe:
	Mild:	Moderate:	Severe:
	Mild:	Moderate:	Severe:

I entrust Preschool staff to do the following upon an allergic reaction:

(Be specific about steps to take, i.e. step 1, step 2, step 3, etc)

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Please list any other foods not to be given to your child:

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I understand that it is my responsibility to inform the Preschool if there are any changes to the above.

Electronic Signature	Date (Day/Month/Year)

The electronic signature above replaces a handwritten signature on paper and is legally binding.

The information collected on these forms is subject to the Freedom of Information and Protection of Privacy Act. The information will be used solely for the purposes of the Vegreville Preschool Association and The Community Association for Lasting Success (CALs).

**Permission for Walking Field Trips and Outside Play**

All field trips outside of walking distance of 10 blocks will require additional parent/guardian consent that will be handled via a permission sheet at the Preschool. I give the Vegreville Preschool Association and CALs staff permission to take my child on neighborhood walks and field trips to facilities (up to 10 blocks) and to play outside on the play structure within the fenced school yard. Two staff members will be in attendance at all times. You will be notified with details when a field trip to a facility within walking distance of 10 blocks will be taking place.

YES NO

**Permission to Display Artwork**

I give the Vegreville Preschool Association and CALs staff permission to display the artwork of my child within the Vegreville Preschool Association building for the purposes of decoration and display.

YES NO

**Permission to Photograph**

I give the Vegreville Preschool Association and CALs staff permission to photograph my child.

YES NO

I give permission that these photographs may be displayed within the Preschool building.

YES NO

I give permission that these photographs may be posted on social media.

YES NO

**Permission for Head Lice Check**

I give the Vegreville Preschool Association and CALs staff permission to periodically check my child for head lice.

YES NO

Electronic Signature	Date (Day/Month/Year)

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**Zero Tolerance**

I understand that the Vegreville Preschool and CALS are a family and child environment and any abuse toward staff or children with the Vegreville Preschool Association and CALS will not be tolerated and will be dealt with in a manner chosen by the Board of Directors and CALS.

**Child Guidance Policy and Procedures**

I, \_\_\_\_\_, have read the Child Guidance Policy and Procedures in the Program Information Package.

**Confidentiality for Classroom Volunteers**

I, \_\_\_\_\_, agree to act as a volunteer with the Vegreville Preschool Association and/or CALS. It is my understanding that:

- \*I shall keep confidential all personal and confidential information which I may possess or become aware of in the course of my duties.
- \*I shall not disclose any information to any individual without authorization from the Vegreville Preschool Association and/or CALS.
- \*I shall not collect any personal information from individuals without being authorized by the Vegreville Preschool Association and/or CALS.
- \*Any records or materials created by me in the course of my volunteer duties are the property of the Vegreville Preschool Association and/or CALS.
- \*I shall relinquish to the Vegreville Preschool Association and/or CALS all control of any records immediately upon completion of my volunteer duties.

Electronic Signature	Date (Day/Month/Year)

The electronic signature above replaces a handwritten signature on paper and is legally binding.