



# Playschool Registration Form

## 2024/2025

This form must be fully completed prior to attending class, send to [abcplayschool@hotmail.ca](mailto:abcplayschool@hotmail.ca)

### Student Information

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

### Guardian 1 Information

Guardian 1 needs to reside at the student's residence and have custody of the student. They will also receive email correspondence from ABC Play School.

Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Email Address: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

Secondary/Work Phone Number: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

## Guardian 2 Information

Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

Secondary/Work Phone Number: \_\_\_\_\_

Physical Address: (if different than above) \_\_\_\_\_

## Family Information

Family Status:      Married or Common Law      Single Parent      Separated/Divorced

Child Resides with: \_\_\_\_\_

Details of Custody and Access to the Student if Separated/Divorced:

## Siblings

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

## Emergency Contact 1 Information

Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

Secondary Phone Number: \_\_\_\_\_

Physical Address: \_\_\_\_\_

## Emergency Contact 2 Information

Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

Secondary Phone Number: \_\_\_\_\_

Physical Address: \_\_\_\_\_

## Additional Pick Up Authority

In addition to both Guardians and both Emergency Contacts, is there anyone else who you'd like to authorize to be able to pick up your child?

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

## Student Health Information

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

Doctors Name/Name of Clinic: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_

Are the vaccinations for the Student up to date:      Yes      No

Does the Student have any allergies?

Does the Student have any medical conditions?

Does the Student have any special needs or require any specific support?

Is there anything else you would like the Teacher to know about the Student that would be helpful to supporting their experience?

### **Agreement & Permissions**

By signing this document, Guardian 1 agrees to and understands the following:

1. The staff and board members of ABC Play School can not be held responsible for any accident that occurs.
2. In the event of an accident or illness requiring urgent medical attention every effort will be made to contact both Guardians and Emergency Contacts before medical attention is sought. If they are unable to be contacted, ABC Playschool staff have the authority to take immediate steps to secure treatment and/or medical care and that Guardian 1 agrees to meet all expenses that may be incurred as a result of this.
3. Allow my contact information to be used by ABC Play School.
4. I agree to and accept the policies and procedures of ABC Playschool, including those in the Program Handbook.
5. I verify that everything in the Students registration form is accurate and I will inform ABC Playschool immediately if there are any changes to the information in this registration form.

Signature of Guardian 1: \_\_\_\_\_

Date: \_\_\_\_\_