

**FUN 2 LEARN PRESCHOOL**

date \_\_\_\_\_

Registration Information 239-2033

Child's Name \_\_\_\_\_ ( ) ( )  
(Last) (First) (Name child is called) male female

Date of Birth \_\_\_\_\_ email address \_\_\_\_\_  
(Month) (Day) (Year) (Present Age)

Address of Child: \_\_\_\_\_  
(Street) (Postal Code) (Telephone)

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Place of Work: \_\_\_\_\_ Place of work: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Phone # (if different than above) \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_  
(Name) (Address) (Relationship) (Telephone)

Authorized person(s) to whom child may be released:

\_\_\_\_\_  
(Name) (Address) (Relationship) (Telephone)

\_\_\_\_\_  
(Name) (Address) (Relationship) (Telephone)

Family Doctor \_\_\_\_\_  
(Name) (Address) (Telephone)

ALBERTA HEALTH CARE NUMBER \_\_\_\_\_

Are your child's immunizations up to date? (yes) \_\_\_\_ (no) \_\_\_\_

**CHILD'S HISTORY AND OTHER INFORMATION:**

Names and ages of siblings: \_\_\_\_\_

Favorite activities: \_\_\_\_\_

Any particular fears: \_\_\_\_\_

**Allergies, diet restrictions, recurring medical or speech problems (specify):** \_\_\_\_\_

Previous experience with pre-school (yes) \_\_\_\_ (no) \_\_\_\_ Comments: \_\_\_\_\_

Does this child take any medication on an ongoing basis at home? (yes) \_\_\_\_ (no) \_\_\_\_ . If yes, please explain \_\_\_\_\_

Have there been any recent changes in the family which may have affected your child? \_\_\_\_\_

If you would prefer your child not be included in the class address list, please advise the teachers.

**IN CASE OF AN EMERGENCY, I AUTHORIZE FUN 2 LEARN PRESCHOOL TO GIVE MY CHILD EMERGENCY CARE.** \_\_\_\_\_

(Signature of parent or guardian)

**FUN 2 LEARN PRESCHOOL CLASS CHOICES:**

<b><u>4 Year Old Class</u></b>	<b><u>4 Year Old Class</u></b>	<b><u>3 Year Old Class</u></b>	<b><u>3 &amp; 4 Year Old Class</u></b>
Mon/Wed/Fri AM	Mon/Wed/Fri PM	Tues/Thurs AM	Tues/Thurs PM
9:00 - 11:30 AM	12:30 - 3:00 PM	9:00 - 11:00 AM	12:30 - 3:00 PM

Please check which program you are interested in: (you may put 1<sup>st</sup> and 2<sup>nd</sup> choices)

**PLEASE SEE OTHER SIDE**

**Discipline and Child Management Policy**

I, the parent or legal guardian of \_\_\_\_\_ (Child's name) hereby acknowledge that I have read and understand the **Fun 2 Learn Preschool Discipline and Child Management Policy**.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

**Permission to take Classroom Photos**

I \_\_\_\_\_ (Print name) give the teachers at Fun 2 Learn Preschool and parents, permission to take classroom photos of my child.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

**Field Trip Permission Form**

I, the parent or legal guardian of \_\_\_\_\_ (Child's name) give my permission to the staff of Fun 2 Learn Preschool to accompany my child on an outing off the preschool premises ( e.g. for a walk, to a park, etc. ) at their discretion throughout the school term. This does not include major field trips of which a notice would be given separately.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

**Collection, Use and Disclosure of Personal Information**

I, \_\_\_\_\_ [name of parent/guardian], acknowledge that this Registration Form requires me to provide certain personal information about my family to Fun 2 Learn Preschool. Such information is being collected by Fun 2 Learn Preschool for the purposes of: determining your child's eligibility to attend our program, compiling and maintaining a registrar of children attending Fun 2 Learn Preschool, contacting parents/guardians to communicate information with respect to communicable diseases as required by public health authorities and cancellation of classes and contacting student's parents/guardians or alternate contact person or family physician in the event of a health emergency involving your child. Your family's personal information will be disclosed by Fun 2 Learn Preschool to its teachers on an as needed basis and your name (and your spouse's name), child's name, address and phone number may be disclosed to other parents through class lists. By executing this Registration Form, you and your family are deemed to be consenting to the foregoing collection, use and disclosure of the personal information contained herein.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)