



## Registration Form 20\_\_ / 20\_\_

A.M. 3 year old       A.M. 4 year old       P.M. 3 or 4 year old (circle age)

### Personal Information

Name of Child: \_\_\_\_\_

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

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

Child's Address if different from above: \_\_\_\_\_

Mom Cell # : \_\_\_\_\_ Mom Work #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Dad Cell #: \_\_\_\_\_ Dad Work #: \_\_\_\_\_

Child resides with (check applicable box(s)):  Mother  Father  Guardian  Shared Custody

Birth Date: \_\_\_\_ (mo.) / \_\_\_\_ (d) / \_\_\_\_ (y) Age: \_\_\_\_ Circle One: Male / Female

Community League you live in: \_\_\_\_\_ \*Membership No. \_\_\_\_\_

Main Contact for E-mail Correspondences:

\_\_\_\_\_

Care Giver (if applicable): \_\_\_\_\_ Cell No: \_\_\_\_\_

### Medical Information

Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Are you child's immunizations up to date? Circle One: Yes / No

List childhood diseases to date: \_\_\_\_\_

Major operations to date: \_\_\_\_\_

Please list any allergies, on-going medications, or medical problems that the Preschool should be aware of:

\_\_\_\_\_

Please list any concerns or tell us if you have information to assist your child in regards to:

a) Your child's transition into the Preschool classroom:

\_\_\_\_\_

b) Your child's development (e.g. speech, motor, social development):

\_\_\_\_\_

**Emergency Information**

**IN CASE OF EMERGENCY, IF PARENT OR GUARDIAN IS NOT AVAILABLE, PLEASE CONTACT:**

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

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

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

**PERMISSION IS GRANTED TO TAKE ACTION IN CASE OF EMERGENCY INVOLVING YOUR CHILD, FIRST AID WILL BE ADMINISTERED ON SITE, AND IF NEEDED AN AMBULANCE WILL BE CALLED AT THE PARENT’S EXPENSE.**

***X Signature of Parent or Guardian*** \_\_\_\_\_

**Off Premise Parental Permission**

The bathroom the preschool children use is located in the Parkview Community Hall. For gym times the preschool children will either use the outside hockey arena, the main hall of Parkview Community League or Parkview Park / Playground. Special occasions require the preschool to use the boardroom located on the main floor of the hall near the coat hook area. These locations are all considered **OFF PREMISE** from the location of Parkview Preschool based on our license. BY SIGNING BELOW, YOU ARE GIVING THE PRESCHOOL TEACHERS &/OR THE VOLUNTEER PARENT OF PARKVIEW PRESCHOOL PERMISSION TO SUPERVISE YOUR CHILD **OFF PREMISE TO ONE OF THE ABOVE STATED LOCATIONS** and allow them to participate in the activities held in these locations during class time. **Fieldtrips will still require a separate permission slip.**

***X Signature of Parent or Guardian:*** \_\_\_\_\_

**Publishing Images Electronically**

By signing this document, the parent/guardian is giving Parkview Preschool permission to publish individual photographs or photographs of the classroom and school activities in which the student is included in, in printed form, display form or electronic form including publishing such material on the world wide web/internet and/or in social media (Facebook and Twitter)

***X Signature of Parent or Guardian:*** \_\_\_\_\_

## **Freedom Of Information and Protection of Privacy (FOIP) Act**

A number of activities conducted by schools may not be specifically authorized or required by the School Act. The use of personal information in these activities requires consent of the student or parent/guardian. The activities are a part of normal school community interactions, including:

- Individual Photographs
- Photographs of the classroom and school activities that are used in the school newsletter, year-end scrapbooks or other purposes within the school community, and Student names are used for birthday recognition purposes.
- Student names that are used on artwork, written material or other items to be displayed in the school or at school sponsored displays in the community.
- Provision of personal information to health authorities for public health services and communicable disease control.

Where individual students are identified by name or image and the material would be used outside of the school community in a public manner (in the media, for example), a separate and specific consent would be required. I have read the notice of activities and hereby consent to the use of photographs and identification of my child to be used for any classroom artwork, newsletter or school activity.

**X Signature of Parent or Guardian:** \_\_\_\_\_

## **General Consent and Signing**

I have reviewed a copy and understand the 2018-19 Preschool Handbook and agree to adhere to the policies and procedures outlined and defined forth within.

**X Signature of Parent or Guardian:** \_\_\_\_\_

I have reviewed a copy and understand the "leaving the program" section on page 12 of the 2018-19 Preschool Handbook and agree to adhere to the policy outlined and defined forth within.

**X Signature of Parent or Guardian:** \_\_\_\_\_

I give consent for the Parkview Preschool executive committee, volunteer parents, and other staff to use the contact information provided to communicate any and all preschool related activities or information.

**X Signature of Parent or Guardian:** \_\_\_\_\_

*Date of Registration:* \_\_\_\_\_

OFFICE USE: Registration Fee: _____ Start Date: _____ Termination Date: _____
--