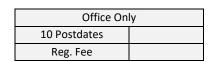




Registration Form 2018-2019

	PRIMARY CONTACT INFORMATIO	N .	
Child's Legal Name:			
First	Middle	Last	
Preferred Name		Date Of Birth:	
Home Address	Circle one	day/mo	nth/year
Home Address: Street		City Province	Postal Code
Mother's Name:			
First		Last	
Home Address:			
Street		City Province	Postal Code
Employer Name and Address:			
Home Phone: ()	Work Phone: ()	Cell Phone()	
Father's Name:		Last	
FIISL		Last	
Home Address:Street			Postal Code
Employer Name and Address:		•	Postal Code
Home Phone: ()	Work Phone: ()	Cell Phone()	
Allergies:		Immunized	d: YES / NO
Primary email address:			





Emergency Contact (Other th	an Parents)	
Name:		Relationship to child:
First	Last	
Home Address:		
Stree	et	City Province Postal Code
Home Phone: ()	Work Phone: ()	Cell Phone()
Name of persons authorized, old)	other than those listed above, to p	ick up your child from school (over 18 years
Name	Relations	hip
Name	Relations	hip
Name	Relations	hip
	Extended Day Program 7:30 am – 5:30 pm Monday thro	1
Drop Off	Pick Up	
	Full Day Program 8:00 am – 5:00 pm Monday thro	urah Eriday
Drop Off	Pick Up	чдіттічаў

Office On	ly
10 Postdates	
Reg. Fee	

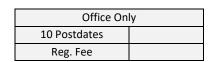


Part Time Day Program 9:00 am – 11:30 am or 12:30 pm – 3:00pm (Please mark ays)						
Drop Off			Pick	Up		
•				•		
	Monday	Tuesday	Wednesda	y Thursday	Friday	
	Ol	ptional Prog	rams (i.e. ; 9	00 am-3:00pm)		
		(Write dov	vn times and	mark days)		
Drop Off			Pick	Up		
	Monday	Tuesday	Wednesda	y Thursday	Friday	
	-	-		-	<u> </u>	
	E	nhanced Kir	ndergarten P	rogram at DCP		
	_		ass 7:30 am -	_		
Drop Off		g c	Pick			
Biop on			l lek	Op		
Cab and Door			Cala	al D		
School Bus			Scho	ol Bus		
	E	nhanced Kir	ndergarten P	rogram at DCP		
		Afternoon	class 11:30 a	m – 5:30 pm		
Drop Off			Pick	Up		
				- •		
School Bus			Sch	ool Bus		
School Bus			Sciic	JOI BUS		
Before School Care Program						
		7:	30 am – 9:00			
Drop Off			Scho	ol Bus		
		After S	School Care F	rogram		
			30 pm – 5:30	_		
Drop Off			Pick	-		
-p -··				- 17		
School Bus						
School Bus						

Office On	ly
10 Postdates	
Reg. Fee	



MEDICAL INFORMATION					
Allergies (if your child does not have allergies, please write "none")					
Allergy Reaction Treatment					
0 ,					
Medications (please specify any medications your child is currently taking, how often they are administered AND complete the Authorization to Administer Medication if the medication is to be administered to your child at school)					
Does your child have any condition or i	illness that may affect him/her at sc	hool? (please explain)			
Hospitalization (date and diagnosis)					
Medical or emotional conditions (requiring or receiving treatment or supervision, please explain)					
Are your child's immunizations up-to-date: Yes or No (circle one)					





AUTHORIZATION TO	ADMINISTER MEDICATION		
I,, hereby aut (print name of parent/guardian)	horize and instruct Discovery	Corner Preschool to	
administer,,,,,,	(print name of medication)	, (amount of dosage)	
at on (times to be given) (actual date: first and	as prescribed by	name of doctor including initial)	
and dispensed under Prescription number	(this nur	mber must match the label).	
I understand that the medication must be in the original container and properly labeled with the student's names, date of issue, name of prescribing physician, dosage and instructions. Staff will keep a daily record of medication(s) administered.			
Date (day/month/year)	Signature of parent or gua	rdian	
	Name (printed)		
NEWSLETTER AND P	RESCHOOL COMUNICATION		
A paper copy of our newsletter is placed in your chyour child at the beginning of each month. If you would like to receive a newsletter via email i	·		
if you would like to receive a flewsletter via email i	nstead, please provide your r	nost current eman address.	
E-mail:Please print			
Please print			
E-mail:			
E-mail:Please print			
Would you like to receive preschool communication	n via email? YES NO		

Office On	ly
10 Postdates	
Reg. Fee	



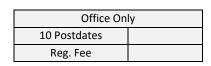
In consideration for permitting the participation in the Discovery Corner Preschool program, the following releases, consents, agreements and promises must be given in respect of each student. Please read the following carefully and ensure you have signed each section.

RELEASE
We/I the undersigned as parent/legal guardian of:
(Name of Child)
(the "Child"), hereby remise, release, and forever discharge the Discovery Corner Preschool, any successors and assigns thereof, and their respective directors, officers, teachers, representatives, contractors, volunteers, agents and invitees (collectively, the "Releases") from all manners of action, causes of action, claims, demands, losses and liabilities which we/I and the Child had, now have, or may hereafter have for any cause, matter, or thing, and in particular, without limiting the generality of the foregoing, by reason of any injury suffered by the Child, and any damages, losses or liabilities arising there from, related to, resulting from or arising in connection with, the Discovery Corner Preschool or its related activities; and do hereby indemnify the Releases against loss from any and all further claims, demands and actions at law that may hereafter at any time be made or brought by Child or by anyone on the Child's behalf, or by any third party for the purpose of enforcing a further claim for damages arising out of or connected in any way with the Child's participation in the Discovery Corner Preschool.
Parent's Signature:
NEIGHBORHOOD WALK CONSENT
NEIGHBORHOOD WALK CONSENT
From time to time the Preschool students participate in small field trips within the community of Springbank. These trips include nature walks, and other special events such as an Easter Egg Hunt or planting a garden. Because these events often have to be rescheduled due to inclement weather the Preschool is requesting that parents sign a general consent form for these walking trips within the community only (this is for insurance purposes). Further event details will be distributed via notices from the class.
My child,, is allowed to participate in walking field trips within the community of Springbank during regular Preschool hours.
Parent's Signature:

Office On	ly
10 Postdates	
Reg. Fee	



PHOTO AND VIDEO RELEASE	
From time to time pictures or video are taken of the preschool children primari scrapbooks, media (Preschool Facebook page, Instagram and Twitter); howeve publicity or educational purposes. No compensation will be offered.	•
Do you give permission for	(child's name) to be
photographed/videotaped for the scrapbooks/slideshow/media?	·
(Circle one) Yes No	
Do you give permission for	(child's name) to be
photographed/videotaped for publicity or educational purposes?	· · · · · · · · · · · · · · · · · · ·
(Circle one) Yes No	
	Parent's Signature:
RELEASE OF PERSONAL INFORMATION C	ONSENT
We/ I the undersigned as parent/legal guardian of:	
(Name of Child)	
(the "Child") hereby grant consent to the Discovery corner Preschool to use, re information about you, Child's other parent/guardian and the Child which is pre including name, address, phone number and email address, as is reasonably ne the Discover Corner Preschool or the Child's participation in the Discovery Corn	ovided to us, or of which we are in receipt, cessary or desirable for the purposes of
- Providing notices of meetings- Arranging parental volunteers- Coordinating school events	
- Scholastic book orders - General preschool business	
- General prescribol pusitiess	
	Parent's Signature:





Office On	ly
10 Postdates	
Reg. Fee	



ACCEPTANCE AND ACKNOWLEDGEMENT					
We/I have read, agree, consent to and accept the foregoing releases, consents, promises and agreements as noted above.					
Calgary,	day of _	20			
	-	Parent Signature	Parent Name (Please print)		
	-	Witness Signature	Witness Name (Please print)		
		KEY PRESCI	HOOL POLICIES		
Please date and sign below to indicate your agreement with the following statement: I have reviewed a copy of the Discovery Corner Preschool Parent Handbook, and will comply with the policies outlined therein (the Discovery Corner Preschool Parent Handbook is also posted on our website).					
Date (day/mor	Date (day/month/year) Signature of parent or guardian				
Please initial each of the following key policies to indicate that you understand the policies and will comply with them. (Please, note that this list is not inclusive of all Discovery Corner Preschool policies).					
Initial Summary of Key Policies					
If your child is ill, you must keep him/her home both for your child's sake and to ensure that other children do not get sick.					
Snack food must be provided by the parent and must be healthy and nut free , including treats for special days and holidays (birthdays, Halloween, Christmas, Valentine's Day, etc.)					
If a student is not picked-up on time, a late pickup fee, at a rate of \$1.00 per minute, will be charged to the family.					
Students must be picked-up by an individual who is at least 18 years of age and is listed in the child registration form.					
All contact information for parents, guardians and emergency contacts must be kept up-to-date.					
Students must be fully potty-trained prior to attending the Preschool.					