



Basic Registration Information

For Office Use Only					
Date Received: (MM DD YYYY)			Package Complete:	Yes	No
Registration Fee Paid:	Yes	No	Cheques Received:	Yes	No

Fees: \$50.00 Registration Fee (Non-Refundable) \$130.00 Per Month (Sept/May \$260.00, Oct – Apr. \$130.00 each)	Please make all cheques payable to: "First CRC"
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Please Note: Child is considered registered when completed registration form, registration fee, and all cheques are submitted.

Child Information

<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Given</td> <td style="width: 50%;">Surname</td> </tr> <tr> <td colspan="2">Street Address</td> </tr> <tr> <td>City</td> <td>Province</td> </tr> <tr> <td colspan="2">Postal Code</td> </tr> <tr> <td colspan="2">Phone</td> </tr> </table>	Given	Surname	Street Address		City	Province	Postal Code		Phone		<table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Birthday: YYYY-MM-DD</td> </tr> <tr> <td style="width: 50%;">Gender</td> <td style="width: 50%;">Male Female</td> </tr> </table> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">Program Preference</th> </tr> </thead> <tbody> <tr> <td style="width: 5%;"></td> <td>3Yr Old Morning – Mon/Thurs 9-11:30am</td> </tr> <tr> <td></td> <td>4Yr Old Morning – Wed/Fri 9 – 11:30am</td> </tr> <tr> <td></td> <td>4Yr Old Afternoon – Mon/Wed 1 – 3:30pm</td> </tr> </tbody> </table>	Birthday: YYYY-MM-DD		Gender	Male Female	Program Preference			3Yr Old Morning – Mon/Thurs 9-11:30am		4Yr Old Morning – Wed/Fri 9 – 11:30am		4Yr Old Afternoon – Mon/Wed 1 – 3:30pm
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**Please note: All children must be 3 (or 4) by enrollment date and must be fully independent in toileting habits.*

Parent/Caregiver Information

Mother	Father																																																
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Alternate Emergency Contact

Alternate 1		Alternate 2	
<i>Given</i>	<i>Surname</i>	<i>Given</i>	<i>Surname</i>
<i>Street Address</i>		<i>Street Address</i>	
<i>City</i>	<i>Province</i>	<i>City</i>	<i>Province</i>
<i>Postal Code</i>		<i>Postal Code</i>	
<i>Home Phone</i>		<i>Work Phone</i>	
<i>Cell Phone</i>		<i>Cell Phone</i>	
<i>Relationship</i>		<i>Relationship</i>	

Authorized Person(s) to Whom the Child may be Released

Authorized Person 1		Authorized Person 2	
<i>Given</i>	<i>Surname</i>	<i>Given</i>	<i>Surname</i>
<i>Street Address</i>		<i>Street Address</i>	
<i>City</i>	<i>Province</i>	<i>City</i>	<i>Province</i>
<i>Postal Code</i>		<i>Postal Code</i>	
<i>Work Phone</i>		<i>Work Phone</i>	
<i>Cell Phone</i>		<i>Cell Phone</i>	
<i>Relationship</i>		<i>Relationship</i>	

If there are specific individuals to whom the child may not be released: Please notify the teacher(s) and provide details

<i>Given</i>	<i>Surname</i>	<i>Given</i>	<i>Surname</i>
<i>Relationship</i>		<i>Relationship</i>	

I certify that the above information is correct:

<i>Signature</i>	<i>Date</i>
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Medical and Health Information

Child Information		Child's Physician Information	
Given	Surname	Given	Surname
Birthday: YYYY-MM-DD		Street Address	
Alberta Health Care Number		City	Province
Child has been Vaccinated	Yes No	Postal Code	
		Phone	

Allergies

Has your child experienced allergies to any of the following:

Drugs:	
Food:	
Animal:	
Other:	
Additional Allergy Comments:	
My Child Does not have any known allergies:	Initials

Other Medical Concerns

Recurring medical Concerns: (ie. Asthma, bronchitis, chronic ear infections, rashes, communicable disease)	
Seizures:	
Medical Dietary Concerns:	
Needs and/or Disabilities (ie. Speech, hearing daily medication) Please Explain:	
My child Does Not have any known medical concerns:	Initials

Child Profile Information

Names and Ages of Children in Your Family	
Name	Age
Name	Age
Name	Age
Name	Age

My Child is: Right Handed | Left Handed

My Child has worked with scissors: Yes | No

Particular Fears

Special Interests

Languages
Languages Spoken
Languages Understood

Other information you feel is necessary for us to know regarding your child

Parent Agreement

General Conditions:

1. Noah's Ark Playschool will not assume responsibility for anything that happens as a result of false information given on the registration form.
2. Parents agree to communicate on an ongoing basis and to read their monthly newsletter to keep informed.

I / We **(GIVE) (DO NOT GIVE)** permission for our telephone number and email address to be on the class list (which will be distributed to all parents in that program).

Signature

Date

Pictures used in wall displays are a useful tool to help children feel welcome in a classroom setting. Videos showing classroom activities may be used to advertise. Pictures and videos can also be helpful in advertising Noah's Ark Playschool in print and web media (www.noahsarkplayschool.ca).

I / We **(GIVE) (DO NOT GIVE)** permission for our child to be photographed or videotaped during classroom activities, and for the photos/videos to be displayed for decoration or playschool use.

Signature

Date

I / We **(GIVE) (DO NOT GIVE)** permission for photographs of our child to be used for web advertising and Facebook.

Signature

Date

I / We **(GIVE) (DO NOT GIVE)** permission to Noah's Ark Playschool to administer emergency first aid, contact the family physician, and/or activate emergency services as required.

Signature

Date

I / We commit to at least one parent, guardian, or alternate to volunteer as a Parent Helper approximately once per month.

Signature

Date

Children will not be considered registered until registration fee is paid, all post-dated cheques are received, and all paperwork is received in good order, and completed.

I have and received the Noah's Ark Parent Handbook, have read the information, and will discuss any concerns with staff.

Signature

Date



Behavior Guidance Policy

Noah's Ark Playschool seeks to create a positive learning atmosphere in the classroom. Children's behavior will be guided to encourage self-respect, respect for others, respect for property of others, and safety.

Staff will model appropriate classroom behavior in order to help the children know and understand the following 5 classroom rules or "good friend" rules.

A Good Friend:

1. is a good listener
2. is a good helper
3. is polite
4. shares
5. co-operates

When behavior guidance is required:

- When behavior guidance is required; teachers will review the "good friend" rules and behavioral expectations as stated above. Any disciplinary action that is taken will be reasonable in the circumstances.
- If the problem continues, the child will be distracted or re-directed to another area, or activity (the incident(s) will be dealt with as quickly, quietly, fairly, and as privately as possible).
- Ongoing behavioral concerns will be discussed with parents. If the behavior continues and is hurtful to other children, the parent may be asked to remove child from program.
- Staff of Noah's Ark will not inflict or cause to be inflicted any form of physical punishment, verbal or physical degradation, or emotional deprivation. Nor will they deny, or threaten to deny, any basic necessity or use or permit the use of any form of physical restraint, confinement or isolation.

I have and understood the Behavior Guidance Policy of Noah's Ark Playschool.

Signature

Date