



## Basic Registration Information: \*\*Please answer all questions! Use N/A where applicable.\*\*

### For Office Use Only

Date Received: (MM   DD   YYYY)		Package Complete:	Yes	No
Registration Fee Paid:	Yes      No	Fees discussed and arranged:	Yes	No

#### Registration Fee

#### Monthly Fees

	\$70.00 Registration Fee (Non-Refundable)
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Fee can be paid by cash or cheque dropped off at our front office or by credit card on-line (accessible on our website's registration page ).

An affordability grant provided by the Federal-Provincial Child Care Agreement reduces all monthly fees by \$75. Due to a recent update in this agreement, we are waiting on confirmation to announce what the remaining portion will be for the 2023-24 programming year. However, we can confirm this amount will be between \$62.80- \$66.93/mo. Further subsidies are available based on certain qualifications. Information will be supplied upon registration.

*Please Note: Child is considered fully registered when completed registration form, registration fee and automated withdrawal form for monthly fees are collected.*

### CHILD INFORMATION

Given	Surname
<input type="text"/>	<input type="text"/>
Street Address	<input type="text"/>
City	Province
<input type="text"/>	<input type="text"/>
Postal Code	Phone
<input type="text"/>	<input type="text"/>

Birthday:   
YYYY-MM-DD

Male ☐ Check Box      Female ☐ Check Box

#### Program Preference (\*see note below)

- ☐ 3Yr Old Morning – Mon/Thurs 9-11:30am  
☐ 4Yr Old Morning – Wed/Fri 9 – 11:30am  
☐ 4Yr Old Afternoon – Mon/Wed 1 – 3:30pm

*\*Please note: All children must be 3 (or 4) by enrollment date and must be fully independent in toileting habits exceptions will be discussed on an individual basis.*

### Parent/Caregiver Information

#### Mother

Given	Surname
<input type="text"/>	<input type="text"/>
Street Address	<input type="text"/>
City & Province	<input type="text"/>
Postal Code	<input type="text"/>
Home Phone	<input type="text"/>
Cell Phone	<input type="text"/>
Email	<input type="text"/>
Place of Employment	<input type="text"/>
Street Address	<input type="text"/>
City & Province	<input type="text"/>
Postal Code	<input type="text"/>
Work Phone	<input type="text"/>

#### Father

Given	Surname
<input type="text"/>	<input type="text"/>
Street Address	<input type="text"/>
City & Province	<input type="text"/>
Postal Code	<input type="text"/>
Home Phone	<input type="text"/>
Cell Phone	<input type="text"/>
Email	<input type="text"/>
Place of Employment	<input type="text"/>
Street Address	<input type="text"/>
City & Province	<input type="text"/>
Postal Code	<input type="text"/>
Work Phone	<input type="text"/>



## Alternate Emergency Contact

Alternate 1		Alternate 2	
Given	Surname	Given	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City & Province	<input type="text"/>	City & Province	<input type="text"/>
Main Phone	<input type="text"/>	Main Phone	<input type="text"/>
Alternate Phone	<input type="text"/>	Alternate Phone	<input type="text"/>
Relationship	<input type="text"/>	Relationship	<input type="text"/>

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

Authorized Person 1		Authorized Person 2	
Given	Surname	Given	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Work Phone	<input type="text"/>	Work Phone	<input type="text"/>
Cell Phone	<input type="text"/>	Cell Phone	<input type="text"/>
Relationship	<input type="text"/>	Relationship	<input type="text"/>

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

Given	Surname	Given	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship	<input type="text"/>	Relationship	<input type="text"/>

I certify that the above information is correct:

Signature	<input type="text"/>	Date	<input type="text"/>
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## Medical and Health Information

Child Information		Child's Physician Information	
Given <input type="text"/>	Surname <input type="text"/>	Given <input type="text"/>	Surname <input type="text"/>
Birthday YYYY-MM-DD: <input type="text"/>	<input type="text"/>	Street Address <input type="text"/>	<input type="text"/>
Alberta Health Care Number <input type="text"/>	<input type="text"/>	City & Province <input type="text"/>	<input type="text"/>
Child has been Vaccinated <input type="text"/>	<input type="text"/>	Postal Code <input type="text"/>	<input type="text"/>
		Phone <input type="text"/>	<input type="text"/>

### Allergies and Medical Concerns

Has your child experienced allergies to any of the following:

Drugs:	<input type="text"/>
Food:	<input type="text"/>
Animal:	<input type="text"/>
Other:	<input type="text"/>
Additional Allergy Comments:	<input type="text"/>
My Child Does not have any known allergies:	Initials <input type="text"/>

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

### Child Profile Information

#### Names and Ages of Children in Your Family

Name	<input type="text"/>	Age	<input type="text"/>
Name	<input type="text"/>	Age	<input type="text"/>
Name	<input type="text"/>	Age	<input type="text"/>
Name	<input type="text"/>	Age	<input type="text"/>

My Child is Left of Right Handed:

My Child has worked with scissors:

#### 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, and newsletters are a useful tool to help children feel welcome in a classroom setting. They also provide an opportunity for families to see their children's growth and learning.

I/We give permission for our child to be videoed or photographed during classroom activities and for the photos/videos to be displayed for decoration and/or newsletters for playschool use only.

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

Pictures and videos are a helpful tool for us to advertise the quality of our program in print and web media. It is also an additional way for you to see your child in action! We appreciate your permission to use your child's images of their engagement in our program.

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

Signature

Date

I / We **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 fully registered until registration fee is paid, all and all paperwork is received in good order, and completed.**

I have read Noah's Ark Parent Handbook (accessible on our website), 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