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Discovery Corner
Preschool

Registration Form 2017-2018

PRIMARY CONTACT INFORMATION

Child's Legal Name:_____
First Middle Last

Preferred Name_____ Male / Female Date Of Birth:_____
Circle one day/month/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:_____
First Last

Home Address:_____
Street City Province Postal Code

Employer Name and Address: _____

_____

Home Phone: (_____)_____ Work Phone: (____)_____Cell Phone(___)_____

Allergies: _____ **Immunized:** YES / NO

Primary email address: _____

_____

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Emergency Contact (Other than Parents)

Name:_____Relationship to child:_____
First Last

Home Address:_____
Street City Province Postal Code

Home Phone: (_____)_____ Work Phone: (____)_____Cell Phone(___)_____

Name of persons authorized, other than those listed above, to pick up your child from school (over 18 years old)

Name_____Relationship_____

Name_____Relationship_____

Name_____Relationship_____

Please, mark the program or programs you would like your child to attend

Extended Day Program **7:30 am – 5:30 pm Monday through Friday**	
Drop Off	**Pick Up**

Full Day Program **8:00 am – 5:00 pm Monday through Friday**	
Drop Off	**Pick Up**

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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 Wednesday Thursday Friday	

Optional Programs (i.e. ; 9:00 am-3:00pm) (Write down times and mark days)	
Drop Off	**Pick Up**
Monday Tuesday Wednesday Thursday Friday	

Enhanced Kindergarten Program at DCP **Morning class 7:30 am – 12:00 noon**	
Drop Off	**Pick Up**
School Bus	**School Bus**

Enhanced Kindergarten Program at DCP **Afternoon class 11:30 am – 5:30 pm**	
Drop Off	**Pick Up**
School Bus	**School Bus**

Before School Care Program **7:30 am – 9:00 am**	
Drop Off	**School Bus**

After School Care Program **3:30 pm – 5:30 pm**	
Drop Off	**Pick Up**
School Bus	

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MEDICAL INFORMATION

Allergies (if your child does not have allergies, please write "none")

Allergy	Reaction	Treatment

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 illness that may affect him/her at school? (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)

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AUTHORIZATION TO ADMINISTER MEDICATION

I, _____, hereby authorize and instruct Discovery Corner Preschool to
(print name of parent/guardian)

administer, _____, _____, _____
(print name of student) (print name of medication) (amount of dosage)

at _____ on _____ as prescribed by _____
(times to be given) (actual date: first and last) name of doctor including initial)

and dispensed under Prescription number _____ (this number 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 guardian

_____
Name (printed)

NEWSLETTER AND PRESCHOOL COMUNICATION

A paper copy of our newsletter is placed in your child's back pack or deliver at the door when you pick up your child at the beginning of each month.

If you would like to receive a newsletter via email instead, please provide your most current email address.

E-mail: _____
Please print

E-mail: _____
Please print

Would you like to receive preschool communication via email? **YES** **NO**

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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

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: _____

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PHOTO AND VIDEO RELEASE

From time to time pictures or video are taken of the preschool children primarily for the children's slide show, scrapbooks, media (Preschool Facebook page, Instagram and Twitter); however, they may also be photographed for 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 CONSENT

We/ I the undersigned as parent/legal guardian of:

_____
(Name of Child)

(the "Child") hereby grant consent to the Discovery corner Preschool to use, release and disclosure of personal information about you, Child's other parent/guardian and the Child which is provided to us, or of which we are in receipt, including name, address, phone number and email address, as is reasonably necessary or desirable for the purposes of the Discover Corner Preschool or the Child's participation in the Discovery Corner Preschool program, including:

- Providing notices of meetings
- Arranging parental volunteers
- Coordinating school events
- Scholastic book orders
- General preschool business

Parent's Signature: _____

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RELEASE OF MEDICAL TREATMENT CONSENT

It is the policy of Discovery Corner Preschool to first contact parents/guardians, or others designated by the parents/guardians, to authorize medical treatment in the event of an emergency. It is also our policy to move children in need of immediate professional medical care by way of ambulance to the Alberta Children's Hospital.

Therefore, Discovery Corner Preschool requests that parents/guardians sign the following consent to medical treatment for use in an emergency in the event that the child's parents/guardians, or others designated by parents/guardians, are unavailable:

I, _____, parent/guardian of the child _____, born
(print name of parent/guardian) (print name of child)

_____, do hereby authorize the Discovery Corner Preschool to secure such medical advice and
(day/month/year)

services in my absence as it deems necessary for the health and safety of my child. I shall be financially responsible for

such advice and services.

_____ _____ _____
Date (day/month/year) Signature of parent or guardian Name of parent printed

VOLUNTEER AGREEMENT

Discover Corner Preschool requires that parents directly participate in helping with preschool field trips. Families are expected to provide transportation to and from field trips and remain on-site to assist with supervision. Families may be asked to volunteer for special events throughout the year. This may include providing food, helping to set up or cleanup for an event.

I the undersigned parent/legal guardian of _____ (child's name) understand and agree to help out and support the Preschool as reasonably requested to do so (i.e. requisite amount of time volunteering in the classroom), and will contribute time for additional support as required (i.e. field trips).

Parent's Signature: _____

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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 PRESCHOOL 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/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.