



Carbon Preschool Registration Form 2024-2025

Semester 1: September 10, 2024 – December 19th, 2024

Semester 2: January 7, 2025 – May 29, 2025

Registration Fee: Attendance dependant, projected amount of \$25/ month

Child's Name:

Last Name, First Name (Nick Name)

Child's Birth Date: ____/____/____ **Gender:** male female

Physical Street Address or Land Location: _____

Mailing Address: _____ **Home Phone:** _____

PARENTS' or GUARDIAN'S INFORMATION

Parent/Guardian #1 Name: _____ **Address:** _____ **City:** _____

Relationship to Student: _____ **Home#** _____ **Cell #:** _____ **Work#:** _____

Email Address: _____

Parent/Guardian #2 Name: _____ **Address:** _____ **City:** _____

Relationship to Student: _____ **Home#** _____ **Cell #:** _____ **Work#:** _____

Email Address: _____

Student Lives With: Parent/Guardian #1 _____ Parent Guardian #2 _____ Both _____ Other _____

Please specify if other: _____

Please include any arrangements (ie no parental contact, no child/parent contact, security risks) : _____

EMERGENCY CONTACT (This cannot be the child's parent(s))

Emergency Contact #1: _____ **Phone:** _____

Physical Address: _____

Emergency Contact #2: _____ **Phone:** _____

Physical Address: _____

HEALTH AND EMERGENCY INFORMATION

Child's Name: _____ Alberta Health Care Number: _____

Physician's Name: _____ Phone Number: _____

List all Infectious Diseases has or may have had (i.e. Chicken Pox)

Does your child have any medical conditions the Carbon Preschool should be aware of? YES NO

Please specify:

Are your child's immunizations up to date? YES NO

Does your child have any allergies? YES NO

Reaction / Treatments: _____

Medical Conditions: _____

**A medication Administration Form must be completed if your child requires any medications during Playschool hours.*

Please read the following in your parent handbook and initial below:

1. I have read and accepted the Carbon Preschool Discipline Policy: _____
2. I have read and accepted the Carbon Preschool Sexual Abuse and Misconduct Prevention Policy: _____
3. I have been notified of my access to the Carbon Preschool Policies & Procedures Handbook: _____
4. I will not share information and/or pictures on any social media outlet of any other children at the Carbon Preschool without the written consent of their parent(s)/guardian(s): _____
5. As a measure of security, and as per policy, we require prior written notification from parents authorizing the person(s) picking up your child from school, either on a regular or occasional basis. In an emergency, a parent must contact a teacher at the preschool prior to a child being released to another party: _____
6. I understand that I will be charged a \$20 late fee should I pick up my child later than the end of class time. Should that tardiness surpass 30 minutes, an additional \$20 will be charged: _____

AUTHORIZATION FOR PICK UP

Name of Person(s)	Relationship to the Child	Telephone home/work/cellular

Name of Parent(s) _____

Signature(s): _____

Date: _____

PHOTO RELEASE FORM for 2024 - 2025

I, _____, hereby grant the Parent Advisory Council and Carbon Preschool permission to publish any and all photographs taken of my child _____.

Photos of activities are taken during outings which are shared with those attending. Some photos may be printed in the newspaper and/or included on Facebook .com website. If you would like to place conditions on your child's photos or have your child removed from groups where photos are taken, please indicate your wishes in the comments' space below.

Comments:

I understand that any photos may be used for Parent Advisory Council and Carbon Preschool publications and/or on the facebook.com website to promote Parent Advisory Council and Carbon Preschool as well as to offer information and referrals. I understand that I have the right to request, in writing, to have the removal of a photo from the facebook.com web site within 30 working days after receipt by Carbon Preschool.

Parent Name: _____

Signature: _____

Date: _____

ADMINISTRATIVE USE ONLY

Paid By: Cheque #: _____ E-Transfer: _____ Subsidy: _____ Outstanding Balance: _____

Chq date/No. _____ Chq date/No. _____ Chq date/No. _____ Chq date/No. _____

Post dated cheques required for September to December

Photo Release Signed: yes no

Comments: _____

Parent Helper Confidentiality Signed: yes no

Valid Name Based Criminal Record Check Provided: yes no

(must not be dated prior to 8 weeks before first day of school)

Valid Vulnerable Sector Check Provided: yes no

(must not be dated prior to 8 weeks before first day of school)

Valid Child Intervention Check Provided: yes no

(must not be dated prior to 8 weeks before first day of school)