## **Carbon Preschool Registration Form 2024-2025**

Preschool will run on Tuesday and Thursday mornings from 8:45-11:45

## **Child's Name:**

Last Nam	ne, First Name (N	lick Name)	
Child's Birth Date:/Gender:	male femal	le	
Physical Street Address or Land Location:			
Mailing Address:		Home Phone:	()
PARENTS' or GUARDIAN'S INFORMATION			
Parent/Guardian #1 Name:	Address	s:	City:
Relationship to Student:	lome#	Cell #:	Work#:
Email Address:			
Parent/Guardian #2 Name:	Address	s:	City:
Relationship to Student:	lome#	Cell #:	Work#:
Email Address:		<del></del>	
Student Lives With: Parent/Guardian #1 Parent Please specify if other:			r
Please include any arrangements( ie no parental contact, i	no child/parent cont	act, security risks) :	
EMERGENCY CONTACT			
Emergency Contact #1:		Phone: ( )	
Physical Address:			
Emergency Contact #2:		Phone: ( )	
Physical Address:			

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

Semester 2: January 7, 2025 – June 19, 2024

Registration Fee: \$25/month

Chi	ild's Name:	Alberta Health Care Number:
Phy	ysician's Name:	Phone Number: ( )
List	t all Infectious Diseases has or may have had	(i.e. Chicken Pox)
	pes your child have any medical conditions the ease specify:	e Carbon Preschool should be aware of? YES NO
Are	e your child's immunizations up to date? YES	S NO
Do	pes your child have any allergies? YES NO	
Reac	ction / Treatments:	
Med	dical Conditions:	
Med		ompleted if your child requires any medications during Playschool hours.
Ple	*A medication Administration Form must be cease read and initial:	
Ple	*A medication Administration Form must be contact the contact and initial:  I have read and accepted the Carbon Presco	ompleted if your child requires any medications during Playschool hours.
Ple	*A medication Administration Form must be contained and initial:  I have read and accepted the Carbon Prescolor.  I have read and accepted the Carbon Prescolor.	nool Discipline Policy:
1. 2.	*A medication Administration Form must be conserved and initial:  I have read and accepted the Carbon Presclain I have read and accepted the Carbon Presclain I have been notified of my access to the Carbon Presclain I have the Carbo	nool Sexual Abuse and Misconduct Prevention Policy
1. 2. 3.	*A medication Administration Form must be conserved and initial:  I have read and accepted the Carbon Presclain I have read and accepted the Carbon Presclain I have been notified of my access to the Carbon Presclain I have the Carbo	nool Discipline Policy: nool Sexual Abuse and Misconduct Prevention Policy rbon Preschool Policies & Procedures Handbook: on any social media outlet of any other children at the Carbon
1. 2. 3.	*A medication Administration Form must be conserved and initial:  I have read and accepted the Carbon Prescolor. I have read and accepted the Carbon Prescolor. I have been notified of my access to the Carbon I will not share information and/or pictures. Preschool without the written consent of the carbon without without the written consent of the carbon without wi	nool Discipline Policy: nool Sexual Abuse and Misconduct Prevention Policy rbon Preschool Policies & Procedures Handbook: on any social media outlet of any other children at the Carbon
Ple 1. 2. 3. 4.	*A medication Administration Form must be conserved and initial:  I have read and accepted the Carbon Presclain I have read and accepted the Carbon Presclain I have been notified of my access to the Carbon I will not share information and/or pictures Preschool without the written consent of the Carbon Preschool Without the Written Carbon Pre	nool Discipline Policy: nool Sexual Abuse and Misconduct Prevention Policy rbon Preschool Policies & Procedures Handbook: on any social media outlet of any other children at the Carbon neir parent(s)/guardian(s):
Ple 1. 2. 3. 4.	*A medication Administration Form must be conserved and initial:  I have read and accepted the Carbon Presculation. I have read and accepted the Carbon Presculation. I have been notified of my access to the Carbon I will not share information and/or pictures. Preschool without the written consent of the As a measure of security, and as per policy, the person(s) picking up your child from sch	nool Discipline Policy: nool Sexual Abuse and Misconduct Prevention Policy rbon Preschool Policies & Procedures Handbook: on any social media outlet of any other children at the Carbon neir parent(s)/guardian(s): we require prior written notification from parents authorizing
Ple 1. 2. 3. 4.	*A medication Administration Form must be conserved and initial:  I have read and accepted the Carbon Prescolor. I have read and accepted the Carbon Prescolor. I have been notified of my access to the Carbon I will not share information and/or pictures. Preschool without the written consent of the As a measure of security, and as per policy, the person(s) picking up your child from schoparent must contact a teacher at the preschool.	mool Discipline Policy: mool Sexual Abuse and Misconduct Prevention Policy rbon Preschool Policies & Procedures Handbook: on any social media outlet of any other children at the Carbon meir parent(s)/guardian(s): we require prior written notification from parents authorizing mool, either on a regular or occasional basis. In an emergency, a

	<b>AUTHORIZATION FOR PICK U</b>	P
Name of Person(s)	Relationship to the Child	Telephone home/work/cellular
Name of Parent(s)	Signature(s):	
Date:		
РНОТ	O RELEASE FORM for 2	20 <u>24</u> - 20 <u>25</u>
I,	, hereby grant Carbon Presch	nool permission to publish any and all
photographs taken of my child	·	
printed in the newspaper and/or inc your child's photos or have your child wishes in the comments' space below	cluded on Facebook .com websit d removed from groups where j	those attending. Some photos may be te. If you would like to place conditions on photos are taken, please indicate your
web site to promote Carbon Prescho	ol as well as to offer information ve the removal of a photo from	olications and/or on the facebook.com on and referrals. I understand that I have the facebook.com web site within 30
Parent Name:	Signature:_	

Date: \_\_\_\_\_

ADMINISTRATIVE USE ONLY						
Paid By: Cheque #:	E-Transfer:	Subsidy:	Outstanding Balance:			
Chq date/NoCh	q date/No	Chq date/No	Chq date/No			
**Post dated cheques required for September to December**						
Photo Release Signed: Comments: Parent Helper Confiden		yes no				
•	v g					