



REGISTRATION FORM

4/5YEAR OLD

3-5 MIXED CLASS

CHILD'S FIRST NAME _____ LAST NAME _____

Home address _____

BIRTHDATE (MONTH/DAY/YEAR) _____/_____/_____

MOTHER'S NAME _____

Home address if different from above _____

Phone number _____

FATHER'S NAME _____

HOME ADDRESS if different from above _____

POSTAL CODE _____

HOME PHONE NUMBER _____

CELL NUMBERS _____

EMAIL ADDRESS _____

MEDICAL INFORMATION

ALBERTA HEALTH CARE NUMBER _____

DOES YOUR CHILD HAVE ANY ALLERGIES OR MEDICAL CONDITIONS _____

IS YOUR CHILD'S IMMUNIZATION UP TO DATE

YES

NO

EMERGENCY CONTACTS

WE REQUIRE THAT EACH CHILD MUST HAVE AT LEAST ONE EMERGENCY CONTACT WHO DOES NOT RESIDE AT THE SAME ADDRESS AS THE CHILD SO THAT WE CAN CALL IN THE EVENT YOU CAN NOT BE REACHED

EMERGENCY CONTACT

NAME _____

HOME ADDRESS _____

HOME PHONE NUMBER _____

CELL NUMBER _____

RELATIONSHIP TO CHILD _____

I appoint DENFORD PARK PRESCHOOL to act on my/our behalf to administer First Aid/and/or CPR if required.

In case of an emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment, if local emergency services deem it necessary, the child will be transported at the expense of myself.

It is understood that in some medical situations, the staff will need to contact the local emergency resource before contacting the parent, child's physician, and/or other adults acting on the child's behalf. In all other situations, every attempt will be made to first contact the parents.

I authorize the people on this form to pick up and/or drop off my child

Signature: _____ **Signature** _____

(Parent/Legal Guardian)

(Parent/Legal Guardian)

OFFICE USE

REGISTRATION

PAYMENT

MEMBERSHIP