A picture containing diagram

Description automatically generated**Blueberry Playschool Association**

53109 Range Road 15 | Parkland County, AB | T7Y 2E4

Playschool Telephone: 780-340-BLUE (2583)

[blueberry.playschool15@gmail.com](mailto:blueberry.playschool15@gmail.com) [www.blueberryplayschoolassociation.com](http://www.blueberryplayschoolassociation.com)

**BLUEBERRY PLAYSCHOOL REGISTRATION FORM**

**The following information is strictly confidential. Please complete each line before you sign this form.**

You are registering your child in: (keeping in mind that classes are filled on a first come first serve basis, the next available class will be offered to you if your first choice is already filled). **3 Year Old & 4 Year Old classes are combined.**

Program Choice:

Morning Classes: 8:15-11:15am

Afternoon Classes: 12:30-3:30pm

|  |  |
| --- | --- |
| 3 Days MORNING: Mon/Wed/Fri |  |
| \*If M/W/F mornings are full would you be interested in: | |
| 2 Days MORNING: Tues/Thurs | 3 Days AFTERNOON: Mon/Wed/Fri |

**CHILD INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Date of Birth: |  |
|  | First, Middle Initial, Last | Gender: |  |
| Childs primary address: |  | | |
| Alberta Health Care |  | | |
| Family Doctor: |  | Phone Number: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Mother’s Name: |  | Best Contact Number: | |  | |
| Alternate Numbers: |  | | | | |
| Address: |  | | | | |
| Email: |  | | Consent to receive emails | | Yes No |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Father’s Name: |  | Best Contact Number: | |  | |
| Alternate Numbers: |  | | | | |
| Address: |  | | | | |
| Email: |  | | Consent to receive emails | | Yes No |

|  |  |  |
| --- | --- | --- |
| Parents’ marital status: |  | |
| Is there a custody agreement is place? | Yes No | |
| If yes, please provide a copy: |  | Received (Teacher to confirm) |

Please list any other children in the family/home:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: |  | | Age: |  |
| Name: |  | | Age: |  |
| Name: |  | | Age: |  |
| Please list any other languages used in the home | |  | | |

**EMERGENCY CONTACT INFORMATION**

**Should be available during class times, not a parent:**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Name: |  | Best Contact Number: |  |
| Address: |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| 2. Name: |  | Best Contact Number: |  |
| Address: |  | | |

# PERMISSION TO RELEASE

In the event that you or the emergency contacts listed are unable to pick up your child/children from Playschool, please list up to 4 (four) additional people that the teacher is authorized to release your child to:

|  |  |  |  |
| --- | --- | --- | --- |
| 1 |  | Contact Number |  |
| 2 |  | Contact Number |  |
| 3 |  | Contact Number |  |
| 4 |  | Contact Number |  |

**VACCINE INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are your child’s AHS recommended immunizations up to date? | | | | Yes No |
| If no, as the guardian of , I acknowledge that I have chosen not to follow the AHS recommended vaccination schedule due to the following reason(s): Medical Religion Personal | | | | |
| I acknowledge that the current playschool immunization policy is in place to protect anyone that is unvaccinated or at higher risk. | | | | |
|  |  |  |  |  |
| Parent Name |  | Parent Signature |  | Date |

**ADDITIONAL INFORMATION**

|  |  |
| --- | --- |
| Does your child have any allergies? |  |
| Does your child have any medical conditions? |  |
| Does your child require any medications? |  |
| **Child must be toilet trained. NO PULLUPS** | |
| If upset, how does your child like to be comforted? |  |
| What is the method of behavior management/comfort used in your home? |  |
| Is there anything else that the playschool should be aware of? |  |
| What do you hope will be included in your child’s Playschool program? |  |
| Do you consent to have your name and phone number in our Playschool Directory? |  |

If you choose **YES**, you are agreeing to adhere to the “Zero Tolerance Policy”. Please refer to the Blueberry Playschool Handbook.

**CONFIDENTIALITY AGREEMENT**

This confidentiality agreement applies to all parents/caregivers and volunteers working directly/indirectly with children at Blueberry Community Playschool. The Terms of Agreement:

* Parents/Caregivers will keep any information heard, read or shared between board members, teachers, parents, caregivers regarding a child and/or their family confidential.
* Parents/Caregivers will notify the Teacher (or Parent at Large) if you have concerns regarding the information shared or the method in which the information was shared.
* Blueberry Playschool will keep information regarding children and their families confidential, unless on a need to know basis.
* Parents/Caregivers, Teachers, and Board Members will not post any information, pictures, or names on social networking sites unless it contains only your child
* All pictures taken in the classrooms, on field trips or outside during playtime is confidential and are not to be printed/distributed unless it contains only your child.
* If a Parent/Caregiver develops a concern for a child or a child discloses information to a Parent/Caregiver, the Parent/Caregiver is to report this to the teacher immediately and confidentially. Information would be written down clearly without interpretation or prejudices.

Please Initial here:

# ACCIDENT/INCIDENT CONSENT FORM

**MINOR EMERGENCY POLICY** (non life threatening; cuts, bruises, nose bleeds etc):

The teacher deals with minor emergencies, while the Parent Helper maintains class activity. The teacher will inform parents at the end of class via an incident report that must be signed off (by both parties - if required)

**MAJOR EMERGENCY POLICY** (head injuries, broken bones, major bleeding etc):

The teacher will handle the injured child; parent helper is to call 911.  Once 911 is called, the parent helper is to call the parents/emergency contacts of injured child. Please initial here to indicate that you are responsible for any costs incurred.

**PHOTO RELEASE**

Check the box below indicates consent for Blueberry Playschool Association to use the photographs of your child in pamphlets, posters, websites and public displays which the school may choose for promotional purposes. Please know that Blueberry Playschool strives to not use children’s faces in photos.

|  |  |
| --- | --- |
| Yes No | Please Initial here: |

**PARENT HELPER**

As per our “Parent Helper Policy”, our days are pre-set. We will do our best to accommodate the days that work best for you. Please check off the days that work best for you:

|  |  |
| --- | --- |
| Monday  Wednesday  Friday | Tuesday  Thursday |

We understand that a parent/helper may need to cancel or change their Parent Helper Day with little notice. In this event, each class will have a “Short Notice List.” Would you like to be on a Parent Helper Short Notice List? Yes No

**STATEMENT OF CONSENT**

I, THE UNDERSIGNED, AGREE TO THE FOLLOWING FOR MY CHILD:

1. Any emergency measures needed immediately will be performed until emergency services arrive.
2. That my child can participate in any playschool activity within the Playschool room and the grounds surrounding the Playschool.
3. I have read and agree to comply with all fee schedules.
4. I have read and understand all policies and procedures as outlined in the BLUEBERRY PLAYSCHOOL HANDBOOK.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Parent Name |  | Parent Signature |  | Date |