

# L'ECOLE DES PETITS PLAYSCHOOL

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## REGISTRATION FORM 2018-2019

### FOR OFFICE USE ONLY

Date Received  
Registration Fee Received  
Consent Forms Complete

Please circle your preference

<b>2 DAY</b>	<b>AM</b>				
<b>3 DAY</b>	<b>PM</b>				
<b>Child's Name:</b>		<b>Child's Gender</b>	<b>Birthdate (MM/DD/YY)</b>	<b>Phone number:</b>	
<b>Address:</b>		<b>City:</b>		<b>Postal Code:</b>	
<b>Email address:</b>					
<b>Mother's Name:</b>		<b>Work Phone:</b>		<b>Cell Phone:</b>	
<b>Father's Name:</b>		<b>Work Phone:</b>		<b>Cell Phone:</b>	

### Emergency Contacts other than parents

(Must be available during playschool hours. **Full address needed**)

<b>#1 – Name:</b>	<b>Home Phone:</b>	<b>Work Phone:</b>	<b>Cell Phone:</b>
<b>Address:</b>	<b>City:</b>		
<b>#2 – Name:</b>	<b>Home Phone:</b>	<b>Work Phone:</b>	<b>Cell Phone:</b>
<b>Address:</b>	<b>City:</b>		

<b>Childcare provider (if applicable):</b>	<b>Phone number:</b>
<b>Doctors Name:</b>	<b>Phone number:</b>
<b>Child's Alberta Health Care Number:</b>	<b>Are all immunizations up to date? Circle YES or NO</b>

**Allergies and Medical Conditions**

(please indicate reactions, symptoms and list any medications taken on a regular basis and/or in an emergency).

Please note that for the safety of all children, allergies will be disclosed to the parents of your child's classmates.

**Do you give permission for your child's medical information to be released to other playschool families as necessary?**

**Circle** YES or NO

**Authorized person(s) to whom child may be released (besides mother and father).**

I hereby certify the information given is correct and I will notify L'Ecole des Petits of any changes.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\*\*\*Please fill in additional **Medical Record Form**.....if your child has medication for allergies, health issues, etc. This allows L'Ecole des Petits employees to administer medication when necessary and for general knowledge of medical issue.