

L'ECOLE DES PETITS PLAYSCHOOL

REGISTRATION FORM 2019-2020

FOR OFFICE USE ONLY

Date Received
Registration Fee Received
Consent Forms Complete

Please circle your preference

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

Emergency Contacts other than parents

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

#1 – Name:	Home Phone:	Work Phone:	Cell Phone:
Address:	City:		
#2 – Name:	Home Phone:	Work Phone:	Cell Phone:
Address:	City:		

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

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.