



### Student Information

Start Date:

ADMIN ONLY

Class:

ADMIN

Child's Full Name				
Civic Address (for 911)	Street	City	Prov	P Code

Date of Birth	Month	Day	Year	Gender	M	F	ADMIN
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### Medical Information

Allergies?		Immunizations up to date?			
Other?		Y		N	

### Family Information (fill in addresses below only if it is different than your child's address)

Mother's Name		H - PH #	
Address	If different from Childs	C - PH #	
Email Address		Wk - PH #	

Father's Name		H - PH #	
Address	If different from Childs	C - PH #	
Email Address	Provide only if you require 2 emails sent out	Wk - PH #	
Has your child attended preschool before?			
Please indicate if your child is the oldest, the youngest, middle child or only child?			

### Alternate Contact (for daily Pick ups and Emergencies)

Parents will always be contacted first in an emergency! This alternate person should be available to retrieve your child if you are not available. If you have a day home provider, please put their name in this area. Otherwise, it should be someone you trust and who lives as close to the Learning Centre as possible. This could be a family member, neighbour or friend. Should this alternate person change, you must alert us by emailing us (see website).

Name:		Relation:		Cell Phone:	
911 Address (No PO Box #'s)		City		Prov	P Code

### Please Rank your preferred time slot from 1 - 4 (1 = your most desired class time)

Preschool	AM CLASS	Rank	PM CLASS	Rank
3 – Day on: Mon/Wed/Fri \$200/m	8:15 – 10:45 8:15 – 11:15 (Fri)		N/A	
2 – Day on: Mon/Wed \$140/m	N/A		11:45 – 2:15	
2 – Day on: Tues/Thurs \$140/m	8:15 – 10:45		11:45 – 2:15	
KinderCare – Langdon School \$750/m	Open 6:30 am to 6:00 pm		Open 6:30 am to 6:00 pm	
KinderCare – Sarah Thompson \$800/m	Open 6:30 am to 6:00 pm		Open 6:30 am to 6:00 pm	

## Authorization to Act in a Medical Emergency

In the event of a serious illness requiring medical attention, every effort will be made to notify the emergency contact person if the parent or guardian is unavailable. Every care and attention will be given to the health and comfort of the student.

I hereby authorize the Director or Head Teacher in charge to obtain or secure such medical advice and treatment as may be deemed necessary for health and safety of the student.

I agree to accept financial responsibility for and undertake to pay all costs resulting from the medical treatment. I also agree to release the teachers in charge at Langdon Learning Centre Corp (a.k.a Stepping Stones Langdon Preschool) from any personal liability that may occur because of giving such medical attention either on or off the preschool property.

Date	Parent or Guardian's Name	Parent or Guardian's Signature

## FOIP Requirement and Purpose Form

The information requested on all the forms within this registration package is considered confidential and will be treated accordingly. The information will be used at the discretion of the teacher in charge to assist in caring for the student's health needs, particularly in the event of injury, or illness in the classroom or while attending a school field trip. Staff, Licensing officers, medical practitioners and therapists will have access to your child's file and can review it at any given time. As a parent you also have the right to review your child's file at any given time.

All matters discussed with parents or guardians either by email correspondence, volunteering in the classroom or on a field trip will be held confidential and are not permitted to be shared with anyone other than the teachers and support staff present. When volunteering in our classroom, you must review our program policies and discipline procedures. You agree to legally abide by these rules and regulations even if your child no longer attends our program.

Pictures will be taken during class activities for sharing them with the families enrolled in the Langdon Learning Centre Corp. (a.k.a Stepping Stones Langdon Preschool program). **If a picture is selected to be used on our website for advertisement purposes, the parent or guardian will be contacted prior to and asked for written (email is acceptable) permission to post them.** You must refrain from posting any photos or videos taken at preschool events on any public media (i.e Facebook, Twitter) involving children other than your own, or teachers and support staff without their written consent to do so.

**As the parent or guardian of the above-named child, I certify the information I have provided to Langdon Learning Centre Corp. (a.k.a Stepping Stones Langdon Preschool) is accurate and true. I have read the Parent Welcome Package provided and I acknowledge and understand the requirements for enrollment in this program. Any information provided that is untrue could result in immediate dismissal from the program.**

Date	Parent or Guardian's Name	Parent or Guardian's Signature

**If your child *does not* carry a device or medication to and from school, your registration form is now complete. Do not print form, please save it, title it with your child's first & last name and email it to [langdonlearning@gmail.com](mailto:langdonlearning@gmail.com)**



**MEDICATION CONSENT FORM**

Fill out **ONLY IF YOUR CHILD CARRIES A DEVICE OR MEDICATION TO AND FROM SCHOOL.** Under government regulations, without proper consent, staff members are not permitted to administer any medication.

**PERSONAL INFORMATION**

Child's Name	
Birthdate (M/D/Y)	
Parent Name	
Parent Signature	
Date	

"IF" your child has any medical devices or medical issues that require medication to be administered.

Insert photo of your child in this spot

**MEDICAL INFORMATION**

Medical Issue			
Name of Medication			
Prescription #			
Date of Issue		Expiration Date	
Dosage		Time of Day Given	
When it needs to be administered?			
Last time and date medication was administered by parent/guardian/day home, prior to starting our program?			

**Additional Comments (Instructions, Symptoms etc..) or medical history we should be aware of.**



**All medical devices being transported daily must:**

- be in its **original container**/packaging with readable instructions
- **NOT BE EXPIRED.**
- Be accompanied by a medical form (provided by Langdon Learning Centre Corp
- Have a 3" x 5" close-up photo of your child's face on the medical form provided.
- Be packaged in a clear Ziploc bag with your child's first and last name clearly written on the front in permanent marker.

**Our part in keeping your child safe**

- We are a NUT AWARE preschool.
- We do not allow sharing of snacks amongst our students/teachers.
- We ask parents of children with severe allergies to supply a special treat for their child during group events
- 1 in every 4 staff members maintain their First Aid/CPR courses.

Thank you for assisting us to help keep your child safe while in our care!