



Student Information

Start Date:

ADMIN ONLY

Class:

ADMIN

Child's Full Name			
Civic Address (for 911)	Street	City & Province	Postal Code
	Langdon AB		

Date of Birth	Month	Day	Year	Gender	M or F	ADMIN
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Medical Information (Please continue to PAGE 3 for more details, if no medical issues, skip pages 3 & 4)

Allergies?		Immunizations up to date?
Other?		Y N

Family Information

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 want 2 emails sent out	Wk - PH #	

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 within a 15-min drive to the preschool such as; family member, neighbour or friend. **Should this alternate person change, you must alert us by email.**

Name:		Relation:		Cell Phone:	
911 Address (No PO Box #'s)		City/Province		Postal Code	

Class Days	Details of class	# Your choice 1,2,3	ADMIN ONLY
M/W/F AM @\$200/mo Must be at min 3.9 yrs old	M – 8:15 - 10:45 am W – 8:15 – 10:45 am F – 8:15 – 11:15 am		Registration fee amount received. _____ PAD Form received _____ PAD Form entered _____
T/TH AM @ \$140/mo Must be at min 3yrs old	8:15 – 10:45 am		NOTES:
KINDER CARE M-F @ \$750/mo *Sarah Thompson students must be enrolled in AM kindergarten	6:30 am - 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 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

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(MM/DD/YYYY)

Parent or Guardian 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. Only staff & licensing officers 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 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 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.

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(MM/DD/YYYY)

Parent or Guardian Signature

MEDICATION CONSENT FORM

Please fill out the following information enabling our trained staff to administer medication to your child. Under government regulations, without proper consent, staff members are not permitted to administer any medication.

PERSONAL INFORMATION

Child's Name		Insert Your Child's Photo Here  shutterstock · 118086349 s Photo
Birthdate (M/D/Y)		
Parent Name		
Parent Signature		
Date		

MEDICAL INFORMATION

Medical Issue			
Name of Medication			
Prescription #			
Date of Issue		Expiration Date	
Dosage		Time of Day Given	
When it needs to be administered?	i.e. Wheezing heavily, coughing heavily, throat is closing etc..		
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.

Name of Medication	Date Administered	Time Administered	Dosage Amount	Signature of person administering

Types of Medicine & Devices



All medical devices must be either left on site or transported daily between programs.

This is a safety rule and is governed by our licensing requirements. Please ensure you have the following packaged in a clear Ziploc bag with your **child's first and last name clearly written on the front.**

- The medicine/device must be in its **original container**/packaging with readable instructions
- The date on the container can **NOT BE EXPIRED.**
- A medical form (provided by the preschool) is filled out ****See Page 3**
- Provide us with a 3" x 5" close-up photo of your child's face.

Ziplock baggies containing medical **devices** will be accessible to all kindergarten aged children and older. All children below kindergarten age will be kept out of reach of children but easily accessible to adults for quick administration. **THE MEDICAL FORM included in the Ziplock baggie is to be used by ALL CAREGIVERS** (guardians, dayhomes, schoolteachers, etc.). This way we know when the device or medication was last administered.

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
- Both Primary teachers maintain their First Aid/CPR courses.

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