



Langdon Learning Centre Kindercare Registration form - 2025/26

Child's Information:

| | | | | | |
|------------------------|--|------------|--|---------|-------|
| First name: | | Last name: | | Gender: | |
| Address: | | | | | |
| Birth date (dd/mm/yy): | | | | | Admin |

Family Information:

| | | | |
|----------------|---------------------------|---------------|--|
| Mother's name: | | Cell Phone #: | |
| Address: | if different from child's | Home Phone #: | |
| Email Address: | | Work Phone #: | |

| | | | |
|----------------|---------------------------|---------------|--|
| Father's name: | | Cell Phone #: | |
| Address: | if different from child's | Home Phone #: | |
| Email Address: | | Work Phone #: | |

| | | | |
|-------------------------------|--------|--------|------|
| Who should emails be sent to? | Mother | Father | Both |
|-------------------------------|--------|--------|------|

Medical Information

| | | | | |
|------------|-------|---------------------------|-----|----|
| Allergies? | | Immunizations up to date? | Yes | No |
| Other? | Admin | | | |

Alternate contact

Should there be an emergency at the school for any reason and we cannot contact either of the parents, we will call an emergency contact. This person should be able to collect your child from the centre if either of the parents is unable to. If you have a day home provider, please provide their information in this area. If not a day home then the person should be someone you trust, your child knows and lives within a 15 minute drive to the preschool. Examples would be a family member, neighbour or friend.

| | | | |
|------------------|--|------------------------|--|
| Name of contact: | | Relationship to child: | |
| Email Address: | | Cell Phone #: | |
| Address: | | | |

Class choice

Please select which class you would like to register your child for

| ✓ | Days child attends school | Cost | Affordability Grant | Transport Fee | Cost to parents | Admin Notes |
|---|---------------------------|----------|---------------------|---------------|-----------------|--------------|
| | Langdon School Mon/Wed | \$772.50 | \$446.25 | 0 | \$326.25 | \$75 reg fee |
| | Langdon School Tue/Thur | \$772.50 | \$446.25 | 0 | \$326.25 | PAD Form |
| | Sarah Thompson School AM | \$772.50 | \$446.25 | \$75.00 | \$401.25 | Medical |
| | Sarah Thompson School PM | \$772.50 | \$446.25 | \$75.00 | \$401.25 | Transport |

| |
|--|
| Fee includes PD Days and listed breaks per Rocky View Schools calendar |
| Fee includes pick up and drop off to Langdon School kindergarten doors |
| A one Time Registration fee of \$75 will be requested when your spot has been confirmed. |



Langdon Learning Centre Kindercare Registration form - 2025/26

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. All care and attention will be given to the health and comfort of the student.

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

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

| | | | |
|--------------------------|------------------------------------|----------|----------------------|
| <input type="checkbox"/> | I agree to the above authorization | Initial: | <input type="text"/> |
|--------------------------|------------------------------------|----------|----------------------|

FOIP Requirement and purpose

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 and licencing 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 the program.

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

| | | | |
|--------------------------|------------------------------------|----------|----------------------|
| <input type="checkbox"/> | I agree to the above authorization | Initial: | <input type="text"/> |
|--------------------------|------------------------------------|----------|----------------------|

As the parent or guardian of the above-named child, I certify the information I have provided to Langdon Learning Centre 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.

| | | | |
|-------------------|----------------------|-------|----------------------|
| Parent Signature: | <input type="text"/> | Date: | <input type="text"/> |
|-------------------|----------------------|-------|----------------------|



Langdon Learning Centre Kindercare Registration form - 2025/26

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

| | | | |
|----------------------------|---|------------------|--|
| Child's Name: | | | |
| Birth date (dd/mm/yy): | | | |
| Medical Issue: | | | |
| Name of medication: | | | |
| Dosage to be given: | | | |
| Time of day to be given: | | | |
| Prescription #: | | Expiration Date: | |
| Indications to administer: | i.e. wheezing, coughing heavily, throat is closing, etc | | |

Additional Comments or Instructions:

A copy of this form is to be kept with your child's medication. A log form will be attached to record if and when medication is administered. The log form will be shared with and initialed by parents, and the staff member who administered the medication.

All medical devices (i.e. inhalers, epipens, etc) 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 written on the front:

| | |
|--|---|
| * The medication / device must be in it's original container / packaging with readable instructions. | * This completed form for each medication |
| *The date on the container can not be expired. | Admin |

