

Enrollment Date: _____

Information Update Only: _____



Little Owl Learning Centre



7546 Ellesmere Way
Sherwood Park, AB, T8H 0P6
Little.owl.learning3@gmail.com
780-909-3864

Registration Form

Child: _____ Birthdate: ____/____/____ Sex: M__ F__

Child's Address: _____

Full name of Mother: _____ Email _____

Mother's Address: ☐ Same _____

Home Phone: _____ Work Phone: _____ ext. ____ Cell Phone: _____

Place of work: _____ Hours: _____ Contact 1st ☐

Full name of Father: _____ Email _____

Father's Address: ☐ Same _____

Home Phone: _____ Work Phone: _____ ext. ____ Cell Phone: _____

Place of work: _____ Hours: _____ Contact 1st ☐

Emergency Contacts

Minimum 2 contacts, other than parents, to contact in case of emergency/authorized to pick up child:

1. Name: _____ 2. Name: _____

Relationship to child: _____ Relationship to child: _____

Home Phone: _____ Home Phone: _____

Cell or Work Phone: _____ Cell or Work Phone: _____

Other Person(s) Authorized to pick up child:

Name: _____ Relationship _____ Phone: _____

Name: _____ Relationship _____ Phone: _____

Name: _____ Relationship _____ Phone: _____

Child's Health Information and History

Health Plan _____ Group#: _____ ID#: _____

Child's Doctor: _____ Phone: _____

Are your Child's immunizations up to date? Yes () No ()

Does child have any known health problems? Yes () No () (Please Describe below)

Does your child have any special needs? _____

Does your child have any know allergies? Yes () No () If yes, what are they and what are your child's reactions:

Does your child take any medication on a regular basis? Yes () No () If yes please list the name of the medication(s) and the medical condition for which it is taken:

Does your child have any speech, hearing or visual problems? Yes () No ()

Has your child ever been tested for any the above? Yes () No ()

Please comment on any other medical information/or special need the child care provider should be aware of:

Medication and Emergency Care Authorization

I authorize Amanda Grumbach to administer the medications authorized below as deemed necessary by staff for the comfort and well-being of my child. Medications will be administered in the dosages recommended for my child's age and weight. This authorization is in effect my child is enrolled, unless revoked by me and I understand that I will be notified when I pick up my child if any medications were given.

(Please cross of any item you would prefer not to be used)

☐Yes ☐No I authorize use of typical first aid supplies including but not limited to Polysporin and band-aids.

☐Yes ☐No I authorize use of preventative supplies, such as sun block, bug repellent, hand lotion, hand sanitizer, diaper rash cream, etc.

☐Yes ☐No I authorize use of pain relievers such as acetaminophen or ibuprofen. (If requested by me)

☐Yes ☐No I authorize use of children's allergy or cold medicine for runny or stuffy nose. (If provided by me)

NOTE: Basic medications are kept on premises in a locked safe. If you would like your child to take a specific brand of medication, please provide it. Medications will be labeled with your child's name and kept locked. Prescription medications will require separate authorizations for each occurrence and must be sent to school in original prescription bottle.

☐ I authorize Amanda Grumbach to obtain the following services for this child if necessary: Public Health Nurse, Physician, Emergency Room, EMS and/or Ambulance transport in the event of an emergency. (Ambulance fees and/or health care costs are the responsibility of the parent/guardian).

Comments/Exceptions: _____

Photo Authorization

Photographs and videos are taken during on separate occasions such as birthdays, holidays, outings, special occasions as well as in the normal course of our day. We use these pictures/videos for teaching, sharing information about their day, arts & crafts and various other things. Photos, which may include my child, may be given to families who also attend this program or may appear in the private Seesaw app unless otherwise noted by you.

Please mark the appropriate box(s):

☐ I give permission to Amanda Grumbach to take photographs/videos of the above named child(ren).

Photos used in classroom only or give to parents as a remembrance of their child's year (including other families in the program).

In Addition:

☐ I give permission for photos/videos to be posted on our Facebook (with face covered) and on the Brightwheel app (shared only with class families if your child is in a group photo)

☐ I give permission for my child's photo to be used on printed marketing materials (pamphlets, flyers, etc.)

OR

☐ I do NOT want any photos/videos taken of my child.

Additional information, notes or agreements made between this program and parents or guardians:

(Date)

(Signature of parent/guardian)

(Date)

(Signature of parent/guardian)