

**Noah's Ark Preschool
Registration Form**

1. Child's name: _____

Home phone # _____

2. Address: _____

Postal Code: _____

3. Email address: _____

4. Gender: Male _____ Female _____

5. Child's date of birth: (dd/mm/yyyy) ____/____/____

6. Name of mother: _____

Phone # _____

Address if different from above: _____

Cell Phone #: _____ Work Phone #: _____

7. Name of father: _____

Phone # _____

Address if different from above: _____

Cell Phone #: _____ Work Phone #: _____

8. Person we may call if you cannot be reached (emergency contact):

Name: _____ Phone # _____

Complete address: _____

Relation to child: _____ Cell Phone # _____

9. List other children and persons living in the home:

Name	Age	Relation
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10. State any custody access information if applicable:

11. We are currently offering the classes and times listed below. Please indicate which class you are interested in having your child join.

_____ 2 mornings (Tuesday/Thursday 9:15-11:15 a.m.)
(3-5 year olds)

_____ 3 mornings (Monday/Wednesday/Friday 9:15-11:30 a.m.)
(4-5 year olds)

12. Where did you hear about us?

13. Please give us any other information which may help us work more effectively with your child. For example, special likes or dislikes, unusual habits, strong attachment to a toy or other object, special words, etc.

Medical Information

1. Do you vaccinate your child? _____ yes _____ no

2. Are his/her vaccines up to date? _____ yes _____ no

3. Does your child have allergies? _____ yes _____ no

If yes, please specify allergen and describe the reaction. Be as detailed as possible.

4. Has your child had any other serious illnesses or operations?

5. Is your child receiving medication on an ongoing bases?

_____ yes _____ no

If yes, what is the name of the drug and the medical condition?

6. Alberta Health Care Number:

7. Name of doctor:

Name of clinic: _____

Phone #: _____

8. If necessary, do we have your permission to call the nearest doctor and make emergency arrangements?

_____ yes _____ no

List specific instructions:

Signature:

Policy Agreement & Permission Forms

1. Child Guidance Policy

When a child's behaviour requires our guidance we will first remind them of the acceptable behaviour for our classroom. If the behaviour persists, we will remove them from the centre or activity and guide them to another activity. If the child continues the inappropriate behaviour, we bring them close to us and reinforce what we expect. Noah's Ark Preschool will not deny or threaten any basic necessity of any child in the program. We will discuss the child's behaviour with the parent at the end of class if required.

Parent's comments:

Signature: _____

Date: _____

2. Accident and Incident Policy

The action taken depends on the seriousness of the situation:

- 1) In case of serious injury or life threatening condition, eg. allergic reaction, an ambulance is called immediately to transport the child to the nearest hospital or the hospital the parents listed on the medical form. One of the teachers will accompany the child in the ambulance. The parent will be called and requested to come to the hospital.**
- 2) If an ambulance is not required but medical attention is required, the parent will be called to take the child to receive medical attention. If the parent cannot be reached, the emergency contact will be called. If no one can be reached, the child will be taken by one of the teachers to the Grandin Medical Clinic.**
- 3) In the situations where medical attention is not required but deemed serious, the parent is informed of the incident, giving them the option to pick up the child.**
- 4) In less serious incidents, parents are notified at the end of class when the child is picked up.**

The preschool is not liable for any cost incurred by the transportation and treatment of your child.

Signature: _____

Date: _____

3. Parent help in an emergency

In case of such an emergency, we would like a list of parents who would be willing to come into the class to help. Please sign below if you would be willing to come in during an emergency situation.

Signature: _____

Date: _____

4. Class list permission

I give permission for my child's name, address and phone number to be given out on a class list that will be distributed to children enrolled in his/her class.

Signature: _____

Date: _____

5. Social media

Noah's Ark Preschool posts pictures of class events on social media. We make every effort to remove names and only post photos. Please sign below to give permission for us to use your child's picture on Facebook, Instagram, Online advertising and other social media.

Signature: _____

Date: _____