



# FARMS, FURBABIES & FRIENDS PRESCHOOL

## 2025/2026 REGISTRATION FORM

Phone: 403-505-7758

Email: [FarmsFurbabiesFriendsInc@yahoo.com](mailto:FarmsFurbabiesFriendsInc@yahoo.com)

Class Times: (Please mark 1<sup>st</sup> and 2<sup>nd</sup> class choice in the blank provided)

Monday/Wednesday

Tuesday/Thursday

Adventurous Apple: 9:00am-12:00pm (4yrs)

Curious Critter: 9:00am-12:00pm (4yrs)

Brilliant Bumblebee: 1:00pm-3:30pm (3/4yrs)

Discovery Duckling: 1:00pm-3:30pm (4/5yrs)

~~Fridays: Eager Egg: 9:00am-12:00pm (3/4yrs)~~

### Child Contact Information:

*All children must be toilet trained.*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birthdate: (Month/Day/Year) \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Street or Rural Address (Emergency Landsite Description - No PO box numbers): \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: (Please Print Clearly) \_\_\_\_\_

### Medical History: (Please highlight... if "YES" is answered to any of the questions below, please fill out a preschool medical form.)

1. Does this child have all current Immunizations? Y or N
2. Does this child take daily medications? Y or N
3. Does this child have **severe** allergies? Y or N
4. Does this child have any **severe** medical conditions or sensitivities that we need to be aware of? Y or N

### Primary Contact: Relationship \_\_\_\_\_ (Mother, Father, Caregiver)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street or Rural Address: (Emergency Landsite Description - No PO box numbers): \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: (Please Print Clearly) \_\_\_\_\_

### Secondary Contact: Relationship \_\_\_\_\_ (Mother, Father, Caregiver)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street or Rural Address: (Emergency Landsite Description - No PO box numbers): \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: (Please Print Clearly) \_\_\_\_\_

### Emergency Contact: Relationship \_\_\_\_\_ (Must be different than Primary/Secondary contact)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street or Rural Address: (Emergency Landsite Description - No PO box numbers): \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Cell Phone 1: \_\_\_\_\_

# **Farms, Furbabies & Friend's Preschool: Release of Liability Form**

**THIS DOCUMENT WILL AFFECT YOUR LEGAL RIGHTS AND LIABILITIES.**

**PLEASE READ CAREFULLY, INITIAL & SIGN BELOW.**

\_\_\_\_ **1)** I acknowledge that any activities involving animals is high risk including but not limited to:  
(a) the propensity of any animal behaves in ways that may result in injury, harm, or death to persons on or around them and to potentially collide with, bite or kick other animals, people, or objects.  
(b) the unpredictability of an animal's reaction to such things as sounds, sudden movement, tremors, vibrations, unfamiliar objects, persons or other animals and hazards such as subsurface objects.  
(c) the potential for other participants to behave in a negligent manner that may contribute to injury to themselves or others, including failing to act within their abilities to maintain control over an animal.

\_\_\_\_ **2)** I acknowledge that my child and I are participating at our own risk and in full knowledge of the hazards and potential hazards inherent in these preschool activities as well as the inherent risks of participants being around animals including bodily injury and/or property damage resulting from normal use.

\_\_\_\_ **3)** I acknowledge that by signing this registration form, I am giving consent for the preschool staff to provide first aid and health care to this child in the event of an emergency.

\_\_\_\_ **4)** I acknowledge that Farms, Furbabies & Friends Inc., its representatives, and employees the right to take photographs and videos of participants in connection with preschool activities. I authorize Farms, Furbabies & Friends Inc. use to publish the same in print and/or electronically. I agree that Farms, Furbabies & Friends Inc may use such photographs of myself or my child with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and social media and Web content.

\_\_\_\_ **5)** In addition to consideration given for my participation and To Waive All Claims that I might have against Farms, Furbabies & Friends Inc. and the Friends of Sunnybrook Farm Museum Society and its affiliated clubs, as well as their directors, officers, agents, representatives, employees, officials, members, volunteers and the owners or occupiers of the land(s) upon which the activities are held (all of them collectively hereinafter referred to as the "HOST"); and To Release the "HOST" from Any and All Liability for any loss, damages, injury, or expense that I or my "Legal Representatives" might suffer as a result of my Participation due to any cause whatsoever, from any and all liability for bodily injury or property damage to any third party which might result from my Participation.

I acknowledge as Parent/Guardian of \_\_\_\_\_ that I have read, understand and agree to the terms and conditions stated herein.

**Parent/Guardian's Name (Please Print)** \_\_\_\_\_

**Parent/Guardian's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## OFFICE USE

Registration:

Medical:

Liability:

Registration Fee:

Email:

Class List:

Confirmed: