



KINGSLAND COMMUNITY PRESCHOOL REGISTRATION FORM 2018-2019 SCHOOL YEAR

Please fill in **ALL** information and be sure to include your emergency contact's name and address. Your child's registration will not be confirmed until all required information is provided.

First Choice Program: 3 Year-old AM [] 3 Year-old PM []
 4 Year-old AM [] 4 Year-old PM []

Second Choice Program: 3 Year-old AM [] 3 Year-old PM []
 4 Year-old AM [] 4 Year-old PM []

CHILD'S INFORMATION

Name: _____
Address: _____
Postal Code: _____ Phone: _____

Mother

Name: _____
Address: _____
Postal Code: _____
Res. Phone: _____
Work Phone: _____
Cell Phone: _____
E-Mail: _____

Father

Name: _____
Address: _____
Postal Code: _____
Res. Phone: _____
Work Phone: _____
Cell Phone: _____
E-Mail: _____

Emergency Contact (Please fill out completely. *Must be someone other than the child's parents*)

Name: _____ Phone: _____
Address: _____
Relationship to the Child: _____
Additional Caregiver (if applicable, nanny, grandparent, etc.)
Name: _____ Phone: _____
Relationship to the Child: _____

Child's Medical Information

Date of birth: _____ AB Health Care#: _____
Gender: Male _____ Female _____ Are his/her immunizations up-to-date? _____
Does your child have any medical or emotional condition(s) requiring treatment or supervision?
Yes ___ No ___ Description: _____
Is your child on any medication or have any dietary restriction(s)?
Yes ___ No ___ Description: _____



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Additional Information
Kingsland Community Preschool

Previous school / playschool experience: _____

Language(s) spoken at home: _____

Other children at home: Sisters: _____ age(s) _____

Brothers: _____ age(s) _____

Do you have a first aid certificate? Yes _____ No _____

Are you interested in volunteering with the Preschool Committee? Yes _____ No _____

Are you a Kingsland Community Association Member Yes _____ No _____

What skills, hobbies, or interests do the child's parents have that could be shared with the preschool? (i.e. Music, sewing, cooking, etc.):

I fully understand the following (Please check each item)

- While due care will be taken for the pupils, Kingsland Community Preschool accepts no responsibility for any accidents or injury sustained while on Preschool property.
- CHILDREN MUST BE TOILET-TRAINED TO ENTER the program and must turn 3 prior to December 31 to enter the 3 year-old program and 4 by February 28 to enter the 4 year-old program.
- These programs are run on a teacher/volunteer basis. Parents will be scheduled by rotation to assist the teacher with class activities, and to bring a nutritious snack.
- Parents are required to assist with cleanup of the school's equipment and toys once per year.
- Two professional development days will be given to the teacher during the school year.
- Detailed school manuals outlining policies/procedures will be available at orientation and online.

Parent's Signature: _____ **Date:** _____

CONSENT TO SHARE EMAIL ADDRESS

From time to time parents would like to be able to contact one another to arrange play dates and birthday parties. In order to facilitate this we will publish a class list of email addresses for each student in the class. Do you consent to the inclusion of your email address on the class list for your child?

Yes I consent to include my email address on the class list for distribution to other parents

If yes, please provide the email address that you would like on the class list:

No I do not consent to include my email address on the class list for distribution to other parents