

VARSIY PRESCHOOL
REGISTRATION AND ENROLLMENT FORM

Class Attending: _____ Page 1 of 3

CHILD'S START DATE _____

PLEASE COMPLETE IN INK. This form is continued on the back. If there are sections that are not applicable to you, please indicate by crossing off or with N/A.

To complete registration, the registrar must see child's birth certificate and immunization records.

1. CHILD'S INFORMATION	
Child's Name _____	
last	given-circle the one use
Child's Address _____ Postal Code _____	
Home telephone _____ Date of birth: day _____ month _____ year _____	
e-mail address: _____	
Male _____ Female _____ Language(s) spoken at home _____	
Family members: sister(ages) _____ brothers(ages) _____ Others _____	

2. MEDICAL / PHYSICAL INFORMATION	
Alberta Health Care # _____ Family doctor _____ Dr. Phone _____	
General physical condition _____ Medical History / Chronic ailments _____	
Long term medications(even if only administered at home) _____	
Diseases child has had: Measels _____ Chickenpox _____ Whooping cough _____	
Scarlet fever _____ Mumps _____ Others _____	
Allergies / Special Medical Needs _____	
Has your child attended daycare/dayhome/another preschool? Yes _____ No _____	

3. PARENT/GUARDIAN INFORMATION Write "same" if home address is same as above

Mother's name _____	Father's name _____
Home Address _____	Home Address _____
Postal Code _____	Postal Code _____
Home Phone _____	Home Phone _____
Bus. Phone _____/Cell _____	Bus. Phone _____/Cell _____
Bus. Address _____	Bus. Address _____
Postal Code _____	Postal Code _____
Mother's e-mail _____	Father's e-mail _____

Special concerns, problems, things we needs we know :

4. EMERGENCY CONTACT INFORMATION Please provide the name of one person we may contact other than the child's parents to whom the child can be released in case of emergency.

1. Name _____ Phone _____
Address: _____ Relationship _____
Postal Code _____

5. CONSENT

I, the parent/guardian hereby give my approval and permission for my child(ren)s participation in Varsity Preschool, a program of the Varsity Community Association. I have read and signed the release contained in the Varsity Community Association Registration form.

I hereby give my permission for staff to administer first aid for an injury or illness during class time. (All teachers are qualified and current in first Aid training) I also give my permission to have my child transported by ambulance for emergency treatment if deemed necessary by staff. Parents will be contacted as soon as possible.

I hereby give my permission for my child(ren) to accompany his/her class on outing of educational interest during the preschool term, under the supervision of a teacher and parent volunteers, with a maximum ratio of 4 children to 1 adult.

I hereby give permission for my child(ren) to be included in any photographs, video tape and/ or print materials used in the promotion of the Preschool program. Yes___No___

Child Guidance Policy

The teacher is responsible for and has the authority to handle classroom discipline problems with the best interest and well being of the child as a priority. All efforts will be taken to inform and communicate with parents involved. No child will be physically, verbally, or psychologically mistreated while under the care of Preschool staff. None of the following shall occur to any child in our care: physical restraint, confinement, isolation or threaten or be denied any basic necessity.

If there is a problem with a child who causes severe disruption in the classroom after a period of eight weeks, and all avenues have been exhausted (i.e parental involvement, etc) then at the discretion of the, Director, and teachers, the parents may be required to withdraw the child from the program. Fees must be kept current or the Director can ask a child to leave.

Illness Policy

A sick child is one who is unable to participate in the child care programs because he/she may have one or more of the following symptoms: Vomiting, fever (temp greater than 38 celcius), Diarrhea, and/or a new unexplained rash or cough. The sick child will be kept as far away as possible from the other children with staff supervision.

A parent will be notified and asked to pick up their child immediately. If a parent is unable to be reached the alternate contact shall be contacted. If the child illness progresses quickly and is life threatening we shall seek medical attention immediately.

Once a child has been sent home from the child care program, they will not be allowed to return until the child has been symptom-free for at least 24 hours.

Supervision Policy

We at Varsity Pre School require all our staff to participate in hands on supervising. We believe that if staff develops good working relationships with our children it enables them to be more effective in their supervisory role.

Safety checks of both indoor/outdoor spaces help staff to be aware of their physical environments. Staff must constantly be aware of their personal placement when supervising the children so that they may work effectively with their fellow staff in maintaining proper supervision of all the children.

The staff must assess the various supervision needs of the children based on their developmental levels as well as the activities that are being enjoyed.

We believe that preventative supervision is more beneficial to the children we care for. The relationships we develop help us to be aware of anything unusual and ensure the children are always playing in a safe manner.

Children are accounted for upon arriving in our care by the teacher taking attendance. The children are counted several times throughout the classtime by the teachers. Teachers will dismiss the children directly to the parent. Parents are aware of this policy found in our parent handbook. They are required to sign and acknowledge that they have read and understood our policy on the registration form.

Incident Reporting Policy

If an incident as listed below occurs we shall contact the local Child and Family Services Authority immediately by phone, fax or e-mail. The incident report shall be sent into their office within 2 days of the incident. An emergency evacuation, unexpected program closure, an intruder on the program's premise, serious illness or injury to a child that requires the program to request emergency health care and/or requires the child to remain in hospital overnight, death, an unexpected absence of a child from the program, a child removed from the program by a non-custodial parent or guardian, an allegation of physical, sexual, emotional abuse and/or neglect of a child by a program staff member or volunteer, the commission by a child of an offence under an Act of Canada or Alberta, a child left on the premises outside of the program's operating hours.

An annual report shall be submitted to the regional child care office on our anniversary date in December and shall include the preceding year

I have read and agree with our Child Guidance Policy, Illness Policy and Supervision Policy, Incident Reporting Policy

dated this _____ day of _____, 2_____

Signature of Parent/Guardian

Office Use Only: Immunization up to date _____ Proof of birthdate _____

Records Update Date: _____ Initials _____

Records Update Date: _____ Initials _____

