

For office use only: STUDENT'S START DATE: _____ CLASS: _____

BATURYN COMMUNITY PLAYSCHOOL REGISTRATION FORM 2011 - 2012

COMMUNITY LEAGUE: _____

2011-2012 MEMBERSHIP NUMBER: _____

*NOTE: You must have a new community league membership by September 1, 2011, or your child will not be able to participate in the playschool program. It does not have to be a Baturyn Membership. (Baturyn memberships will be available to purchase at the Playschool General meeting in August.)

Please indicate your 1st and 2nd choice:

3 year old

4 year old

3 am (T/Th 9:00 am - 11:30 am) _____

4 am (M/W/F 9:00am - 11:30 am) _____

3/4 pm (T/Th 12:45 pm - 3:15 pm) _____

4 pm (M/W/F 12:45 pm - 3:15 pm) _____

CHILD'S INFORMATION Please circle one: girl / boy

Child's last name _____ First name _____ Middle name _____

Child's address _____ Postal code _____

Home phone number _____ Age in Sept, 2011 _____ Birthdate (MM/DD/YYYY) _____

PARENT OR GUARDIAN

Mother's name _____

Father's name _____

Mother's address _____

Father's address _____

Postal code _____

Postal code _____

Home phone # _____

Home phone # _____

Work phone # _____

Work phone # _____

Cell # _____

Cell # _____

Email address _____

Email address _____

EMERGENCY CONTACTS

- Other than parents, who the child may be released to
- MUST BE FILLED OUT IN FULL

Name:	Name:
Relationship:	Relationship:
Phone #:	Phone #:
Address:	Address:

MEDICAL INFORMATION

Alberta Health Care #: _____

Clinic name

Doctor's name

Phone #

Does your child have any of the following?

Immediate health conditions: Yes _____ No _____

If Yes, please specify:

Allergies: Yes _____ No _____

If Yes, please specify:

Warning signs of reaction (in detail):

Recommended Treatment/Action:

Disabilities: Yes _____ No _____

If Yes, please specify:

Diet Restrictions: Yes _____ No _____

If Yes, please specify:

Are your child's immunizations complete and up to date? Yes _____ No _____

Does your child receive any medication on a daily or regular basis? Yes _____ No _____

If yes, please specify:

Name of medication

Dosage

Time administered

PORTABLE EMERGENCY RECORDS

Child's Name: _____
Address: _____
Date of Birth: _____
Alberta Health Care # _____
Telephone: _____
Community League # _____

PLACE WHERE PARENTS CAN BE REACHED

Name: _____	Name: _____
Telephone _____	Telephone _____
Home: _____	Home: _____
Work: _____	Work: _____ Cell: _____
_____	Cell: _____
Pager: _____	Pager: _____

EMERGENCY CONTACT TO WHOM CHILD CAN BE RELEASED TO OTHER THAN A PARENT

Name: _____	Name: _____
Telephone: _____	Telephone: _____
Address: _____	Address: _____

OTHER HEALTH INFORMATION

Family Physician Name: _____ Telephone# _____

Immediate Health Problems? No Yes _____

Allergies: No Yes (please specify) _____
A) Warning signs of reaction(in detail) _____
B) Recommended treatment _____

Disabilities: No Yes (please specify) _____

On going medication: _____

Is child's immunization up to date? No Yes

ADMINISTRATION INFORMATION

CHILD'S NAME _____ CLASS _____

START DATE _____ END DATE _____

COMMUNITY LEAGUE# _____

NON-REFUNDABLE REG. FEE REC'D BY: CHQ# DATE:

BINGO DEPOSIT REC'D BY: CHQ# DATE:

MANDATORY FUNDRAISER REC'D BY: CHQ# DATE:

CLEANING NIGHT DEPOSIT REC'D BY: CHQ# DATE:

CLEANING NIGHT FEE REC'D BY: CHQ# DATE:

POST-DATED CHEQUES REC'S BY: DATE:

SEPT 10 CHQ#

OCT 10 CHQ#

NOV 10 CHQ#

DEC 10 CHQ#

JAN 11 CHQ#

FEB 11 CHQ#

MAR 11 CHQ#

APRIL 11 CHQ#

MAY 11 CHQ#

JUNE 11 CHQ#

NOTES:

DATE REGISTRATION TAKEN: _____

REGISTRATION TAKEN BY: _____