

**For office use only**

**STUDENT START DATE:** \_\_\_\_\_

## BATURYN COMMUNITY PLAYSCHOOL REGISTRATION FORM 2020-2021

**CURRENT COMMUNITY LEAGUE MEMBERSHIP NUMBER:** \_\_\_\_\_

\*NOTE: You must have a new community league membership by September 1, 2020, or your child will not be able to participate in the playschool program. (Baturyn memberships will be available to purchase at Playschool General Meeting in August.)

**Please indicate your 1<sup>st</sup> and 2<sup>nd</sup> choice:**

**3 year old**

**4 year old**

3 am (T/Th 9:00 am – 11:30 am) \_\_\_\_\_

4 am (M/W/F 9:00 am – 11:30 am) \_\_\_\_\_

3 pm (T/Th 12:45 pm – 3:15 pm) \_\_\_\_\_

4 pm (M/W/F 12:45 pm – 3:15 pm) \_\_\_\_\_

### CHILD INFORMATION

**Please circle one:**    male / female

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Nick Name or Other Names

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Age

\_\_\_\_\_  
Birthdate (MM/DD/YYYY)

### PARENT / GUARDIAN

Parent/Guardian #1

Parent/Guardian #2

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Postal Code \_\_\_\_\_

Postal Code \_\_\_\_\_

Home Phone # \_\_\_\_\_

Home Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

Email Address \_\_\_\_\_

**EMERGENCY CONTACTS (Other than parents/guardians, to whom the child may be released)**

Name _____	Name _____
Relationship _____	Relationship _____
Phone Number _____	Phone Number _____
Address _____	Address _____
_____	_____

**MEDICAL INFORMATION**

Personal Health Care Number \_\_\_\_\_

\_\_\_\_\_  
Clinic Name \_\_\_\_\_ Doctor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**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: \_\_\_\_\_

**LANGUAGE ABILITIES**

First Language: English \_\_\_\_ Other: \_\_\_\_ If other, specify: \_\_\_\_\_  
English Comprehension: Understands and Speaks \_\_\_\_  
Understands Only \_\_\_\_  
Does not Understand or Speak \_\_\_\_

**EDUCATIONAL OR MEDICAL AIDES**

Will your child be accompanied by an aide to assist with physical, mental or linguistic needs?

Yes \_\_\_\_ No \_\_\_\_

If yes, please specify: \_\_\_\_\_

**SIBLING INFORMATION (OPTIONAL)**

The collection of this information is for future planning purposes; however, it is completely optional.

Do you have any other children that may attend this playschool in the future? Yes\_\_\_\_\_ No\_\_\_\_\_

If so, please indicate their current age(s): \_\_\_\_\_

## **PORTABLE EMERGENCY RECORDS**

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

### **PLACE WHERE PARENTS/GUARDIANS CAN BE REACHED**

Name _____	Name _____
Address _____	Address _____
_____	_____
Home Phone _____	Home Phone _____
Work Phone _____	Work Phone _____
Cell Phone _____	Cell Phone _____

### **EMERGENCY CONTACT TO WHOM CHILD CAN BE RELEASED TO OTHER THAN A PARENT/GUARDIAN**

Name _____	Name _____
Relationship _____	Relationship _____
Phone Number _____	Phone Number _____
Address _____	Address _____
_____	_____

### **OTHER HEALTH INFORMATION**

Family Physician Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Immediate Health Problems? No \_\_\_ Yes (please specify) \_\_\_\_\_

Allergies? No \_\_\_ Yes (please specify) \_\_\_\_\_  
a) Warning signs of reaction (in detail) \_\_\_\_\_  
b) Recommended treatment \_\_\_\_\_

Disabilities? No \_\_\_ Yes (please specify) \_\_\_\_\_

On going medication: \_\_\_\_\_

Are child's immunizations up to date? No \_\_\_ Yes \_\_\_