



# 2022-23 PLAYSCHOOL PROGRAM REGISTRATION AND PORTABLE RECORD FORM

## Child's Information

Child's Full Name: \_\_\_\_\_

Birthdate (MM/DD/YYYY): \_\_\_\_\_ Gender: Male / Female

Legal Land Description/ Physical Address: \_\_\_\_\_

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

## Parent Information

Mother's Name: \_\_\_\_\_

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

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Legal Land Description/ Physical Address: (if different from child) \_\_\_\_\_

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

Father's Name: \_\_\_\_\_

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

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Legal Land Description/ Physical Address: (if different from child) \_\_\_\_\_

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

## Emergency Contacts

In case of an emergency, please contact the following on my behalf if I can not be reached: Please use someone local to ensure prompt action on the behalf of your contact.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address/City : \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address/City: \_\_\_\_\_

## Office Use only

**DO NOT WRITE IN THIS AREA**

\$80 Registration Fee paid Method : \_\_\_\_\_ Reference : \_\_\_\_\_ Taken by : \_\_\_\_\_

Medical Information

Are Vaccinations up to date? Yes / No \* Does not apply to Covid vaccination

(If you have chosen not to immunize your child, please sign the declaration

I understand that my child, \_\_\_\_\_ may be in contact with other people carrying a communicable disease. I do not hold Artistique Gymnastics Club & Playschool Ltd liable for exposure to any such disease during attendance of any program.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

My child is allergic to: \_\_\_\_\_ No Allergies

Does your child need an EpiPen? Yes / No

Is your child on any long term medications? Yes / No

Our preschool program participates in dance, yoga, gymnastics and other physical activities. Does your child have any reoccurring medical problems that may limit his/her active participation in activities at the preschool? Yes / No

If yes, please describe:

\_\_\_\_\_

Authorizations

I give permission to Artistique Gymnastics Club & Playschool permission to administer the appropriate first aid and/or contact the Emergency Medical Services, if deemed necessary to transport my child, at my expense.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I give Artistique Playschool permission to release my child to the following people (other than parents):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

While your child attends Artistique Playschool, pictures, videos, newspaper articles, brochures, web-sites and other school related media may include your child's picture or voice, quote, art work etc. I hereby give permission to Artistique Gymnastics and Playschool Ltd. to use any school related media that may be taken during my child's enrolment.

Parent's Signature \_\_\_\_\_

Date: \_\_\_\_\_

Class Preference

\_\_\_ 3-4 year old half day program Monday/Wednesday mornings only 9am -12pm \$125/month

\_\_\_ 3-4 year old full day program Monday/ Wednesday 9am-3:30pm \$115/month

\_\_\_ 4-5 year old program Tuesday/Thursday mornings only 9am-12pm \$125/month

\_\_\_ 4-5 year old half day program Tuesday/Thursday afternoons only 12:30pm-3:30pm \$125/month

\_\_\_ 4-5 year old full day program Tuesday/Thursday 9am-3:30pm \$115/month

\_\_\_ 5-6 year old full day program Kinderplay Tuesday/ Thursday 9am-3:30pm \$115/month

\_\_\_ 5-6 year old half day program Kinderplay Tuesday/ Thursday am only 9am—12pm \$125/month

\_\_\_ 4 full day program Monday—Thursday 9am-3:30pm \$175/month

\*\*\* fees are after affordability program but do not reflect subsidy rates. Please apply at alberta.ca for more info.