

# KidsPlay Preschool ~ Registration Form

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Male \_\_\_ Female \_\_\_  
Address: \_\_\_\_\_ City, Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Days/Times Attending: \_\_\_\_\_ Early Drop off \_\_\_ Lunch \_\_\_ Late Pick Up \_\_\_  
ABHC # \_\_\_\_\_ Location:  Southridge: Jr K \_\_\_ Playing Pals \_\_\_ MHCS   
Allergies: \_\_\_\_\_

## **Pictures Permitted**

KP Facebook/Instagram Pages: YES  NO

Media: YES  NO

Immunization Up To Date: YES  NO

## **OFFICE USE ONLY:**

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

Age @ Start Date: \_\_\_\_\_

Registration Fee Paid

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

Home Ph: \_\_\_\_\_

Cell Ph: \_\_\_\_\_

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

Lives With: YES  NO

Address (if different from above):

Street: \_\_\_\_\_

City, Province: \_\_\_\_\_

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

Employer: \_\_\_\_\_

Employer Phone #: \_\_\_\_\_

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

Home Ph: \_\_\_\_\_

Cell Ph: \_\_\_\_\_

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

Lives With: YES  NO

Address (if different from above):

Street: \_\_\_\_\_

City, Province: \_\_\_\_\_

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

Employer: \_\_\_\_\_

Employer Phone #: \_\_\_\_\_

## **EMERGENCY CONTACT: (other than parents)**

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

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

Pick Up Authority  Emergency Contact

## **EMERGENCY CONTACT: (other than parents)**

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

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

Pick Up Authority  Emergency Contact

### **Peer Modeling Sessions**

During your child's preschool day, he/she may be asked to assist in a speech session to model age-appropriate speech and social behaviors. We do require to take your child from the regular preschool program for a short time to play games etc.

Please indicate preference to the peer modeling session: YES  NO

If yes was indicated, please complete the following:

I give the staff at KidsPlay Preschool permission to take (Child's Name): \_\_\_\_\_  
to a peer modeling session during their regular preschool class.

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

### **Preschool Screenings School Board Choice**

Please indicate which is your school district preference for screenings:

- Medicine Hat Public School District #76
- Medicine Hat Catholic Board Of Education
- Prairie Rose School Division #8

### **Emergency**

I (*Parent Name*) \_\_\_\_\_ give permission for my child, in the case of an emergency, to receive medical procedures deemed necessary by my physician or any other physician selected by the facility. I understand this will only happen after all attempts have been made to contact the parents and/or guardians, as listed in this registration form.

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

### **Emergency Medical**

In the event of an emergency or non-emergency situation requiring medical treatment, I hereby grant permission for any and all medical and/or dental attention to be administered to my child, in the event of an accidental injury or illness, until such time as I can be contacted. This permission includes, but is not limited to; the administration of first aid and the use of an ambulance.

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

### **Walking Field Trips**

I give permission for my child to accompany the preschool on walking field trips. I understand this includes excursions on foot within a 3-block radius of the preschool.

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

**Child's Personality Questions**

1. How would you describe your child's personality? (shy/outgoing etc.)

\_\_\_\_\_

2. Food likes & dislikes \_\_\_\_\_

3. Dressing help \_\_\_\_\_

4. Playing habits \_\_\_\_\_

5. Languages spoken at home \_\_\_\_\_

6. Dominant hand \_\_\_\_\_

7. Toilet help information \_\_\_\_\_

8. Current discipline \_\_\_\_\_

9. List 2 areas you would like your child to succeed at during this year at preschool

\_\_\_\_\_

**Family Questions**

1. Please provide any information regarding custody of your child (only if applicable)

\_\_\_\_\_

2. Sibling's name and age:

Name

Age

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Diapering/Toilet Training (if applicable)**

1. Is your child currently in the process of training? YES  NO

2. Is there a diaper or pull-up change required during preschool? YES  NO

## KidsPlay Preschool Policies & Conditions

1. Preschool fees are due the 1<sup>st</sup> day of each month. Acceptable forms of payment are: Cash, Cheque or Etransfer. **After 30 days (1 month) of fees being late, there will be an interest charged of 5%. After 60 days (2 months) late, your child cannot return until fees are fully paid, and any outstanding fees of 120 days (4 months) will automatically be sent to collections.**
2. A non-refundable registration fee of \$45 is due upon enrollment (per child) to hold your spot.
3. Parents wishing to withdraw a child from the program must give Two weeks written notice and compensation of Two (2) full weeks of services will apply.
4. There will be no fee reduction for classes missed due to illness, school closure, personal holidays etc. We are unable to do make-up days as we do not have the space available.
5. In the event of an emergency to your child, KidsPlay Preschool has your authorization to seek medical assistance. Any additional cost (ie: Ambulance or Hospital) is at the expense of the parent.
6. KidsPlay Preschool will not be held accountable for items lost or damaged during your child's enrollment.
7. If your child were to become ill while at preschool, parent(s) or listed emergency person will be phoned to pick up your child.
8. I give permission for the facility's staff to take pictures/video of my child for facility use and/or promotional use on our Facebook/Instagram page: YES  NO
9. I give permission for members of the media, at the discretion of the Director of the facility, to take pictures/video of my child: YES  NO
10. The Health Policy of KidsPlay Preschool is as follows ~  
  
Keep your child home if he/she has the following symptoms:
  - Fever greater than or equal to 38 degrees C
  - Moderate drainage (clear/colored) from the mouth, nose, eyes or ears
  - Red discoloration of the whites of the eye(s)
  - Skin rashes as they are difficult to diagnose unless seen by a physician
  - Severe abdominal pain, vomiting or diarrhea (must be symptom free for 48 hrs)
11. There will be extra charges for late pick-ups not scheduled (refer to payment grid).

Please sign to indicate you have read and agree to the policies and conditions

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

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