



King's Kidz Christian Preschool

13111 - 79 Street Edmonton, Alberta T5C 1J4 p:780-476-3020 www.kingskidz.ca

2011 - 2012

Registration

Student Information

Date: _____

Student Name: _____
Surname First Middle

Address: _____

Postal Code: _____ Home Phone: _____

Cell Phone: _____ Email Address: _____

Birthday (dd/mm/yyyy): _____ Age: _____ Gender: Male Female

Student lives with (please check):

Both Parents Mother Only Father Only Guardian

Parent/Guardian Information

	Mother (or Guardian)	Father (or Guardian)
Last Name		
Legal First Name		
Address		
Phone Number (Home)		
Phone Number (Work)		
Phone Number (Cell)		
Email Address		

Does a guardianship, custody or access order exist for this student? Yes No

If yes, please include a copy and forward copies of any changes throughout the year.

Please list any siblings (indicate ages) living with the child: _____

How do you discipline your child at home? _____

What are this child's current interests? _____

Religious Information

Faith: _____ Church: _____

Child Baptized: Yes No Child Dedicated: Yes No

Class of Choice:

3-4 years old..... Tuesday and Thursday Mornings.....\$110.00/month

4-5 years old..... Monday, Wednesday and Friday Mornings.....\$140.00/month

How did you learn about King's Kidz Christian Preschool? _____



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Health Record

Student Information

Date: _____

Student Name: _____
Surname First Middle

Birthday (dd/mm/yyyy): _____ Age: _____ Gender: Male Female

Alberta Health Care #: -

Has your child attended an immunization clinic? Yes No

Name of clinic where immunized: _____

Please provide the most recent immunization dates for the following (dd/mm/yyyy):

Pertussis	Diphtheria	Tetanus	Hib	Polio	M.M.R.

Please list any information about your child concerning:

Special Needs: _____

Allergies: _____

Dietary restrictions: _____

On-going Medications: _____

Special medical instructions: _____

Childhood diseases or operations your child has had: _____

Physician's Name: _____ Phone: _____

Emergency Contact (someone other than parent):

Name: _____ Home Phone: _____

Address: _____

Relationship to Child: _____ Cell Phone: _____

Person/s who may drop-off or pick-up your child other than yourself:

Name: _____ Home Phone: _____

Name: _____ Home Phone: _____

Name: _____ Home Phone: _____



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Permission/Waiver

Permission for Emergency Medical Care

I authorize King's Kidz Christian Preschool to take my child by ambulance to the Royal Alexandra Hospital for emergency treatment if necessary. The cost of emergency services will be incurred by the parents/guardians. I understand that every effort will be made to contact the parents/guardians and that all medical decisions will be made by the attending teacher until the parents/ guardians arrive.

Waiver of Responsibility

I understand that in placing my child in King's Kidz Christian Preschool there are certain risks. Although reasonable supervision is provided, I understand that it is not possible to prevent the possibility of accidental incidents.

I recognize that even though the teachers have first aid training, they have no medical training and are neither a doctor nor a nurse. I authorize King's Kidz Christian Preschool teachers to provide first aid treatment if necessary.

I have reported any dietary restrictions, allergies or medical conditions. I will provide any required emergency medication in the original container including detailed instructions on how the drug is to be administered to my child.

I understand the risks consequent in attending King's Kidz Christian Preschool and will not hold the teacher or King's Kidz Christian Preschool responsible should incidents occur.

Permission for Activity

My child is permitted to go outside to "feel the weather," or take a nature walk or play at the playground while accompanied by King's Kidz Christian Preschool staff. I understand that this is a time for my child to run, jump and play. Permission is granted for the September to May school term.

Freedom of Information and Protection of Privacy Act

I consent to the collection and use of personal information about my child that may occur regularly in the school community, including the taking of individual and group photos, the posting of student work, the acknowledgement of student accomplishment, the making of yearbooks, the description of student activities in school newsletters, and the posting of collected materials on the preschool website.

I consent and agree to all of the above.

Child's Name: _____ My Name: _____

Date: _____ Signature: _____

Christ The King Lutheran Church may contact me or my child regarding upcoming activities: Yes No



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Volunteer

King's Kidz Christian Preschool does not ask parents to give a certain number of volunteer hours nor ask for involvement in fundraising. That being said, we would appreciate any volunteer assistance or financial donations you would like to give. Further, we believe that it is beneficial to the children and the program to build connections with the home and the community.

Before you are allowed to work with the children in our classroom you will need to obtain a Criminal Record Check for the Vulnerable Sector from the Edmonton Police Service. While working in the preschool you must agree to keep any information confidential and you must agree to work under the direction of the teacher or administrator. The preschool reserves the right without cause to ask you to discontinue working with the children in our classroom.

If you would like to be a Volunteer, please complete this form

Name: _____

Phone: _____ Cell Phone: _____

Address: _____

Email: _____

1. Would you like to contribute your talents to?

- | | |
|--|---|
| <input type="checkbox"/> Participate in a scheduled activity | <input type="checkbox"/> Assist in a kinder-cooking event |
| <input type="checkbox"/> Sew dress-up costumes or doll clothes | <input type="checkbox"/> Organize a special activity or event |
| <input type="checkbox"/> Assist in a special craft-time activity | <input type="checkbox"/> Other _____ |

2. What is your occupation? _____

May we call upon you to make a presentation or be a resource person? Yes No

3. Do you play an instrument? If so, which one(s)? _____

Would you be willing to play for us? Yes No

4. Would you be willing to share a part of your ethnic origin? Yes No

Ethnic origin: _____

5. Are you able to be an "Emergency Helper" for our staff and fill in for a teacher? Yes No

Criminal Record Check on file

First Aid Certificate on file