

Spruce View Playschool Registration Form

****Please fill out in full****

Class Preference:

_____ Mondays _____ Wednesdays _____ Mondays and Wednesdays

Child's Information:

Child's Full Name:	
Alberta Health Care Number:	
Date of Birth:	
Child's Home Address:	
Legal Land Description: (if applicable)	
Child's Home Phone Number:	
Gender of Child:	
Immunizations/Vaccinations up to date: (Please circle and sign)	Yes No _____ Parent/guardian Signature
Allergies? If yes, please list:	
Any medical information/history of illness of which we should be aware?:	
Any information related to child's communication, comforting, habits:	
Does your child require emergency or lifesaving medication?: (if yes, please fill out Medication Administration Form)	Yes No
Does your child require medication on a regular basis?: (if yes, please fill out Medication Administration Form)	Yes No

Parent or Guardian Information:

Father's Name:	
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Father's Home Address: (if different than child)	
Father's Legal Land Description: (if applicable and different than child)	
Father's Phone Number:	
Father's Email Address:	
Mother's Name:	
Mother's Home Address: (if different than child or father)	
Mother's Legal Land Description: (if applicable and different than child)	
Mother's Phone Number:	
Mother's Email Address:	
Legal Guardian Name: (if different than Mother/Father)	
Legal Guardian Home Address:	
Legal Guardian Legal Land Description:	
Legal Guardian Phone Number:	
Legal Guardian Email Address:	

Playschool Staff may administer First Aid to my child in the case of an emergency:

Yes No Parent/guardian signature: _____

In the event of a medical emergency and parent/guardian cannot be reached, I authorize for Playschool Staff to act on my behalf to grant permission for my child to receive medical treatment:

Yes No Parent/guardian signature: _____

Emergency Contact Information:

Name:	
Relationship to child:	
Phone number:	
Name:	
Relationship to child:	
Phone number:	

Child may also be picked up by: (photo ID will be required)

Name:	
Phone Number:	
Name:	
Phone Number:	

DECLARATION

I have read and understand all policies and procedures stated and provided in the Spruce View Playschool Parent Handbook and Registration Package.

I have read and have indicated my response as requested. All information provided in this registration form are true and complete. I maintain current information with the Playschool and any change in place of residence, phone numbers, persons having access to my child, emergency contact person, etc., will be reported to Spruce View Playschool staff promptly.

Signature

Print name

Date

For Office Use Only:

Post Dated Cheques received:	Yes No	Staff initials: _____
Volunteer Bond Cheque received:	Yes No	Staff initials: _____
Volunteer Bond Cheque	Cashed Returned	Staff initials: _____

CODE OF ETHICS

Obligation to Children

This code of ethics contains the principles by which members and staff of the *Spruce View Rural Child Care Society* adhere to while working with children.

1. An early childhood educator's first obligation is to the children in his/her care.
2. The early childhood educator respects and accepts each child as they are; regardless of their race, creed, emotional or physical appearance.
3. Early childhood educators consider the child's interests, needs and abilities and utilize them to fulfill the child's potential.
4. Early childhood educators create an environment which helps children develop self-confidence and trust in themselves and others.
5. Early childhood educators facilitate the development of the whole child.
6. The early childhood educator has a moral and legal responsibility to report suspected cases of child abuse.

Obligation to Families

Families are of primary importance in children's development. The term family may include others, besides parents, who are responsibly involved with the child.

Early Childhood Educators acknowledge a responsibility to collaborate with both the home and school.

1. Early childhood educators recognize the role of parents as primary caregivers and the educator's role as one which is supportive to the family and the child.
2. Early childhood educators respect the parent's knowledge of their child.
3. Early childhood educators maintain confidentiality regarding knowledge obtained in the daily dealing with children.
4. Early childhood educators maintain open communication with the child's family.
5. Early childhood educators respect different family values and beliefs.

Obligation to One's Self and Colleagues

Early childhood educators often rely on a team approach. Good relations with co-workers are essential to achieve quality service. It is important to establish and maintain settings and relationships that support productive work and meet professional needs.

1. Early childhood educators make continued efforts to improve professionally by actively pursuing knowledge regarding developments in the early childhood education field.
2. Early childhood educators respect other colleagues as professionals.
3. Early childhood educators share knowledge with colleagues.
4. Early childhood educators maintain confidentiality about colleague's views.
5. Early childhood educators work in a climate of trust and confidence which empowers them to speak and act in the best interests of children.

NAME AND PHOTO RELEASE FORM

I hereby give permission to have my child appear in any education and media coverage approved by the Spruce View Rural Child Care Society.

_____yes _____no

Check the spots that apply

_____ Local Newspaper publications

_____ Website publications

_____ Promotional materials

The Spruce View Rural Childcare Society will meet the requirements of the FOIP Act regarding the collection, use, disclosure, security, retention and disposition of the personal information being collected.

Parent/Guardian Signature Print name Date

Release of Information

I, _____, the undersigned, legal guardian, grant permission to the Spruce View Rural Child Care Society to release information pertaining to

_____ (name of child) to Chinook's Edge School Division, This will ensure school administration has all appropriate contact information for children at the school in case of an emergency.

Parent/Guardian Signature Print name Date

Off-site Activity Permission Form

I give permission for my child, _____,
(child's name) to go on a field trip with

SPRUCE VIEW PLAYSCHOOL to _____
(place)

on _____ from _____ - _____.
(date) (time)

In case of emergency please call _____

- I have read and understood all information pertaining to the off-site activity, including contact information and associated risks, provided to me by the SPRUCE VIEW PLAYSCHOOL Teacher.
- I understand that during this off-site activity authorized staff of THE SPRUCE VIEW PLAYSCHOOL, supervisory adults, as well as employees of other agencies associated with this activity will endeavor to instruct, protect and care for the well-being of my child as would I in their place, including making decisions regarding medical care of my child.
- I understand that during the off-site activity the required adult to child ratio (1:6) will be maintained and appropriate supervision/safety policies and procedures will be in place (head counts, staying together, visual monitoring, and tracking attendance).
- I understand that my child's portable records will be taken to the off-site activity by the SPRUCE VIEW PLAYSCHOOL Teacher.

Parent/Guardian Name: _____
(please print)

Parent/Guardian Signature: _____

Date: _____

Criminal Record Check Request Letter

To whom it may concern,

This letter is to verify that _____ is considered staff of the Spruce View Playschool. Their tasks include providing young children with daily essential care including safety, supervision, and best practices disbursed in the Early Learning and Child Care Act and Regulations.

Sincerely,

Spruce View Rural Child Care Society

President's Signature

Kindergarten Readiness Assessment

**** Sample Copy ****

Child's Name:

Child's Age:

Assessor/Teacher:

Can count independently to (circle highest that applies):	5	10	15	20
Recognizes numbers to (circle highest that applies):	5	10	15	20
Recognizes first name:	Yes	Sometimes	Not yet	
Orally identifies letters in name:	Yes	Sometimes	Not yet	
Can write his/her first name:	Yes	Sometimes	Not yet	
Recognizes letters of the alphabet (a-z):	Yes	Sometimes	Not yet	
Understands lower and upper case letters:	Yes	Sometimes	Not yet	
Identifies basic colours (red, blue, green, yellow):	Yes	Sometimes	Not yet	
Identifies basic shapes (square, circle, triangle, rectangle):	Yes	Sometimes	Not yet	
Can catch a medium sized ball:	Yes	Sometimes	Not yet	
Can hop on one foot:	Yes	Sometimes	Not yet	
Can hold and use scissors properly:	Yes	Sometimes	Not yet	
Has an appropriate pencil grip:	Yes	Sometimes	Not yet	
Washes hands with soap and water and dries them off:	Yes	Sometimes	Not yet	
Dresses and undresses self for outdoor/indoor play:	Yes	Sometimes	Not yet	
Speaks in full sentences:	Yes	Sometimes	Not yet	
Able to appropriately socialize with other children:	Yes	Sometimes	No	
Prefers to play alone:	Yes	Sometimes	No	
Displays good manners:	Yes	Sometimes	No	
Trouble controlling temper:	Yes	Sometimes	No	
Comfortable leaving parents:	Yes	Sometimes	No	

Assessor/Teacher Comments:

Medication Administration and Storage Procedure

****Please review with all staff and parents prior to class in September****

Terms to Consider:

Emergency medication: Medication that is needed in the event of a medical emergency. This medication may be taken on a regular basis and is considered life-saving. Examples: EpiPen, insulin, inhalers

Staff: Teacher, Teacher's Assistant, Parent Helper that is contracted or volunteering for the Spruce View Playschool

Medication Administration:

1. In the event of staff administering medication or allowing administration of medication:
 - i. parents must provide written consent
 - ii. medication is in original labelled container
 - iii. medication is administered according to the labelled instructions unless a doctor note is provided giving different instructions

2. In the event staff administers medication, the following information must be recorded on a Medication Administration Form that is kept onsite:
 - i. name of medication
 - ii. time of administration
 - iii. the amount administered
 - iv. the initials of the person who administered the medication

3. Medication Administration Procedure is to be agreed upon by the staff and the child's parent.

Medication Storage

1. Medication that is not required in an emergency (Examples: Benadryl, Tylenol, eczema creams) is to be in its original labelled container and kept in the locked playschool room closet.

2. Emergency medication is to be stored in the child's lunch kit and kept in their personal cubby in the classroom. The child that may require emergency medication, parents of the child, and all staff are to be informed as to where it is being stored.

3. Medication Storage Procedure is to be agreed upon by the staff and the child's parent.

Child Care Medication Authorization Form

Name of Child: _____ D.O.B.: _____ Today's Date: _____

Name of Medication: _____

Reason for Medication: _____

Dose: _____

Time/Frequency: _____

Route: Oral Topical Inhaled Injection Other

Date to Start: _____ Date to stop: _____ Expiration: _____

Additional Instructions/Comments: _____

Known side effects: _____

FOR PRESCRIPTION MEDICATION

Prescribing Health Care Provider: _____

Phone Number: _____

FOR CONTROLLED SUBSTANCES

Amount of Medication Received: _____

Staff Member Signature: _____

Staff Member Signature: _____

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I authorize (*child care center*) _____ personnel to administer the medication named above to my child in the manner as stated. I release any liability in relation to the administration of this medication. I also acknowledge that I, the parent/guardian, have given the first dose of this medication without any allergic or unexpected reactions.

Parent/guardian printed name: _____ Date Signed: _____

Parent/guardian signature: _____

RETURN OR DISPOSAL OF MEDICATION

Return Date: _____ Parent Signature: _____

Disposal Date: _____ Staff Signature: _____

Witness to Disposal: _____

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Child's Name: _____ Name of Medication: _____ Child's Primary Group: _____

ALWAYS review the written Parent/Guardian medication instructions and Health Care Provider's medical order (when necessary according to regulation) prior to EVERY administration. Instructions should be attached to this sheet.

7 Rights MUST be performed with EVERY dose! Right **child**, Right **medication**, Right **dose**, Right **route**, Right **time**, Right **reason**, Right **documentation**
 (When medication has been discontinued, it should be returned to the parents or disposed of properly)

Date Given	Time Given	Dose Given	Route Given	Time last dose was given by Guardian	Comments/Reactions	CONTROLLED SUBSTANCES				Staff Signature	Quality Check
						# on Hand	# Given	# Remain	Staff Signature		