

Spruce View Rural Child Care Society

Playschool Program Registration Form

Hours of operation

- Monday's & Wednesday's
9:30 a.m. – 12:00 p.m.
- Classes begin first week of October
- Playschool follows the Chinook's Edge School Division calendar

Program Cost

- \$40/month/child -Wednesday's (3-year old's)
- \$70/month/child -Monday's & Wednesday's (4-year old's)
- \$200 volunteer deposit is also required.
- Required volunteer days will be determined on class size.
- Children must be potty trained.
- Organizational meeting takes place mid-September and is announced on Facebook page.

For more information please contact :
spruceviewruralchildcaresociety@hotmail.com
or visit our Facebook page **Spruce View Playschool**

Spruce View Rural Child Care Society Playschool Program
Registration Form

Session(s) per week the child will be attending _____ 1 day _____ 2 days

Child's name _____

Birth Date _____ Age _____

Home address (no PO box) _____ City _____ Province _____ Postal code _____

Legal land description _____

Alberta Health Care# _____ Family doctor _____ Phone number _____

History of Illness _____

Allergies _____

Does your child require medication on a regular basis? yes _____ no _____
***if yes please fill out administration of medication form

First aid permission: I give the Rural Childcare Society staff the right to administer First Aid if necessary
yes _____ no _____

Emergency Medical Permission: If emergency care is found to be necessary, I authorize the Spruce View Rural Childcare Society staff, in the event that we are unable to contact you, to act on my behalf in granting permission for my child to receive medical treatment. yes _____ no _____

Immunization: My child is immunized yes _____ no _____

Parent / legal guardian signature _____ **Date** _____

Mother's name _____ **Email** _____

Home address (if different than child) _____ City _____ Province _____ Postal code _____ Legal land description _____

Home Phone Number _____ Cell/Alternative Phone Number _____ Business Phone Number _____

Fathers's name _____ **Email** _____

Home address (if different than child) City Province Postal code Legal land description

Home Phone Number Cell/Alternative Phone Number Business Phone Number

Legal Guardian _____ **Email** _____
(if different than mother and father)

Home address (if different than child) City Province Postal code Legal land description

Home Phone Number Cell/Alternative Phone Number Business Phone Number

Emergency contact Information (must live near Spruce View)

Name _____ Relationship to the child _____

Home address City Province Postal code Legal land description

Home Phone Number Cell/Alternative Phone Number Business Phone Number

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

Name _____ Phone number _____

Name _____ Phone number _____

Name _____ Phone number _____

Some behaviours that are not tolerated by students and parents include but are not limited to:

- Swearing, spitting, kicking, hitting, wrestling
- Any sorts of physical violence
- Raising of loud voices
- Bullying of children or staff members
- Teasing to the extent of hurting one another's feelings
- Threatening children, staff members, or board members including threatening tones (judgement made by the staff members) in any way, shape or form

Facilitators are encouraged to deal with discipline problems as they arise in their sessions. Repeated unacceptable behaviours will result in a phone call at home. If the problem persists the board will be involved.

While each situation is treated as an individual case, clean up duty, recess suspension and ultimately suspension are the normal consequences that may be applied.

Severe unacceptable behaviour (such as fighting) will result in immediate suspension from the program.

DECLARATION

I understand that all medication will be in a locked location that is not accessible to the children, but only to staff. If your child needs medication, please let the staff know and fill out the administration of medication form.

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 promptly

Signature of parent/guardian
Date

Print name and relationship to child

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