



Box 885 Blackfalds AB, T0M 0J0
Call Miss Becki (587) 877-7827(STAR)
Email: littlestarplayschool@hotmail.com
www.littlestarplayschool.com

Registration Form

\$50.00 Cash/Etransfer Non Refundable Registration Fee Received: Yes ___ No ___

Date Received: _____ Staff Initials: _____

Program you are registering for: (please check) Intended start date: M/D/Y _____

Preschool T-Th AM ___ PM ___ All Day ___ Pre-K M-W-F AM ___ PM ___ All Day ___

Kindercare: (available to AM kindergarten only) Before Care ___ After Care ___ Both ___

Out of School Stars (IREC OSP) AM ___ PM ___ Days of the week needing care: M T W Th F

St. Gregory Stars (St. G OSP and IRIC) AM ___ PM ___

Days of the week needing care: M T W Th F

PD days only _____

Child's Full Name: _____

Date of Birth: M/D/Y _____ Age: _____ Grade: _____

Child's Residence: _____

Parent/Guardian 1 Name: _____ Phone: _____

E-mail address: _____

Street Address: _____

Mailing Address: _____

Work Number: _____ Cell Number: _____

Parent/Guardian 2 Name: _____ Phone: _____

E-mail address: _____

Street Address: _____

Mailing Address: _____

Work Number: _____ Cell Number: _____

Custody:

If there is a court order regarding custody and access to your child, please provide a copy of the order so the school can comply.

Emergency Contact:

In the event a child becomes ill or injured while at play school and neither parent/guardian can be reached, or are unable to pick up the child, the following person would be contacted. Emergency contact need to be willing to pick the child up when a parent/guardian cannot.

1. Full Name: _____ Phone: _____

Full Street Address: _____

Cell Number: _____ Relationship to Child: _____

Alternate Drop Off/Pick Up People:

1. Full Name: _____ Phone: _____

2. Full Name: _____ Phone: _____

3. Full Name: _____ Phone: _____

Medical Information

Please be sure to list all of your child's **allergies & reactions**.

Are your child's immunizations up to date? Yes No

Any **diagnosis, chronic illness** or other **special needs** staff should be made aware of?

First Aid

I _____ give Little Star Play School staff permission to administer first aid to my child in the event of an accident or unforeseen event. I understand all staff is required to have current training in first aid. I also give permission to the above to transport my child in the event of an emergency to the closest hospital or if necessary, to call an ambulance for my child & to share my child's information with emergency personnel.

Photo Release Parent Permission

I do ____ I do not ____

Give permission for photos or videos to be taken of my child/children to be used in Little Star Programs.

I do ____ I do not ____

Give permission for my child's photos or videos to be used on Social Media. (At no time will names be associated with photos)

I, _____ hereby grant Little Star Staff to take my child _____ on walks and to the parks within the Blackfalds community over the 20___/___ season. I understand that walking will be the form of transportation and supervision will be Little Star staff according to the ratio guidelines set by the government licensing standards. I am aware that their whereabouts will be posted on the front door of the program with a contact number and time of return. Staff will always have portable records and a first aid kit with them.

I, _____ give permission for my child, _____

to visit the Blackfalds Library throughout the 20___/___ season.

All the information on this form is correct and accurate. I am aware that I will be responsible to ensure that Little Star Play School is made aware of any changes to this information.

I have read the appropriate handbook for the program I am registering for which is posted on the website www.littlestarplayschool.com under forms and downloads, and accept the responsibility of being aware of and adhering to the policies and procedures implemented. I grant permission for Little Star to share information regarding my child as per the FOIP policy in the handbook.

Parent signature: _____ Date: _____



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Portable Emergency Records

Child's Name: _____
D.O.B (M/D/Y) _____ Age: _____
Child's Address: _____

Parent 1 Name: _____ Daytime Number: _____
Street Address & Box #: _____
Work number: _____

Parent 2 Name: _____ Daytime Number: _____
Street Address & Box #: _____
Work number: _____

Are your child's immunizations up to date? Yes No

Allergy Alert & Reactions:

Emergency Contact

Name: _____ Phone Number: _____
Street Address: _____
Cell: _____ Relationship to Child: _____

Alternate Pick Up/Drop off People

1. Name: _____ Phone Number: _____
2. Name: _____ Phone Number: _____
3. Name: _____ Phone Number: _____