



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

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

**Registration Form**

**\$50.00 Cash/Etransfer Non-Refundable Registration Fee Received:** Yes\_\_\_ No\_\_\_

Date Received: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

PLEASE DO NOT SEND REGISTRATION FEE UNTIL YOU ARE NOTIFIED TO DO SO.

**Intended start date:** M/D/Y \_\_\_\_\_

**Playschool T-Th** AM\_\_\_ PM\_\_\_ All Day \_\_\_ **Pre-K M-W-F** AM\_\_\_ PM\_\_\_ All Day \_\_\_

**IREC Kindercare: (available to AM kindergarten only)** Before school \_\_\_ After \_\_\_ Both \_\_\_

**Little Star OSP (IREC)** AM \_\_\_ PM \_\_\_ Days needing care: M T W Th F

**St. Gregory & IRIC OSP:** AM \_\_\_ PM \_\_\_ Kinder: \_\_\_ Days needing care: M T W Th F

**PD days** \_\_\_\_\_

**EVERY LINE ON ALL THREE PAGES MUST BE FILLED OUT AS REQUIRED BY LICENSING.**

**PLEASE PRINT CLEARLY.**

Child's Full Name: \_\_\_\_\_

Date of Birth: M/D/Y \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Gender: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Parent/Guardian Name (Main Contact): \_\_\_\_\_ Cell #: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Street Address: (if different than above) \_\_\_\_\_

Work #: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Street Address: (if different than above) \_\_\_\_\_

Work #: \_\_\_\_\_

**Custody:**

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

**Emergency Contact:**

In the event a child becomes ill or injured while at Little Star Programs and neither parent/guardian can be reached, the following person would be contacted. Emergency contact needs to be willing to pick the child up when a parent/guardian cannot and must reside within 30 mins of Blackfalds.

1. Full Name: \_\_\_\_\_

Full Street Address: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

**Alternate Drop Off/Pick Up People: (Not Parent/Guardian)**

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**. (Please write N/A if not applicable)

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

Any **diagnosis, chronic illness** or other **special needs** staff should be made aware of? (Please write N/A if not applicable)

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### First Aid

I \_\_\_\_\_ give Little Star 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 Little Star Staff 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 permission to take my child \_\_\_\_\_ on walks and to the parks/greenspaces within the Blackfalds community over the 20\_\_\_\_/\_\_\_\_ season. I understand that walking will be the form of transportation and supervision will be by 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 and shared via Himama. 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 can be found on the website [www.littlestarplayschool.com](http://www.littlestarplayschool.com) under resources, and I 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**

This page is important as Little Star Staff will have this form with them anytime we are offsite.

**EVERY LINE MUST BE FILLED OUT AS REQUIRED BY LICENSING PLEASE**

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

Parent/Guardian Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Daytime Number: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Daytime Number: \_\_\_\_\_

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

### **Special Conditions, Allergy Alert & Reactions: (Must match second page)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Emergency Contact (Must match first page)**

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Cell: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

### **Alternate Pick Up/Drop off People (Must match first page)**

1. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
2. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
3. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_