



BUILDING BLOCKS CHILDCARE CENTRES

LOVE | LAUGHTER | FRIENDSHIP | FAMILY

FALL REGISTRATION FORM 2017-18

Child's Full Name: _____ Nickname: _____
Birth Date (Month/Day/Year): _____ Date of Enrollment: _____
Address: _____ City: _____
Province: _____ Postal Code: _____ Home Phone: _____
Alberta Health Care Number: _____

Mother's Full Name: _____
Mother's Address: _____
City: _____ Province: _____
Postal Code: _____ Mother's Home Phone: _____

Mother's Employer: _____
Work Phone: _____ Ext. _____ Pager or Cell# _____

Father's Full Name: _____
Father's Address: _____
City: _____ Province: _____
Postal Code: _____ Father's Home Phone: _____

Father's Employer: _____
Work Phone: _____ Ext. _____ Pager or Cell# _____

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Two Locations With 7 Scheduled Classes To Serve You Better!!! Southlands and Southview www.bbpc.ca Phone (403) 504-7544 Fax (403) 527-7710

Emergency Contact and Persons Authorized to Remove Child from Day Care

Emergency Contact (other than parents/guardian): MUST BE A LOCAL ADDRESS

Name: _____
Home Phone: _____ Cell/Pager _____ Work phone: _____
Emergency Contact Address: _____ City: _____
Province: _____ Postal Code: _____
Relationship to Child: _____
Person(s) authorized to pick up my child (Besides Parents/Guardians or Emergency Contacts):
#1: _____
#2: _____

Medical Information

1. Child's physician: _____ Phone: _____
2. Regular medications _____
3. Medicine allergies: _____
4. Food allergies: _____
5. Any other allergies: _____
6. Any special health conditions: _____
7. Are your child's Immunizations up to date? (Please circle) YES NO
8. Is your child toilet trained? If not please provide further details _____

9. Are there any special learning needs (e.g. speech therapy, physical therapy, occupational therapy, learning disability, CHADS, etc.) the school should be aware of which would relate to the programming needs for your child? (Please circle and describe if yes) YES NO

10. Please tell us why you are registering your child in day care? _____

Emergency Release

Consent to Emergency First Aid & Transportation

I hereby give my permission that my child, may be given emergency treatment by Building Blocks Day Care. I also give permission for my child to be transported by car or ambulance to an emergency center for treatment if necessary. We will always try and contact you first.

Parent/ Guardian Signature: _____ Date _____

Consent to Medical Care and Treatment

In the event that I cannot be contacted immediately, medical or surgical treatment can be administered to my child in case of an accident or emergency, as prescribed by a treating physician. **Building Blocks Child Care Centres will not be responsible for paying for the child's health care.**

Parent/ Guardian Signature: _____ Date _____

Nature of First Aide

Due to licensing regulations section 11, we need all children that are registered in our program to sign a consent that allows Building Blocks Childcare Centres to provide health care in the nature of first aid to children in the case of minor incidences. Only staff that are certified to provide first aid would attend to your child.

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Parent/ Guardian Signature: _____ Date _____

Custody Order

Do you have an existing court ordered custody agreement? (Please Circle) YES NO

If yes, please provide copies to the school. Please note that our policy states that we honor only what is ordered by a judge (ex. pick up arrangements). We cannot withhold children from either parent unless it is ordered by a judge.

Parent Handbook Policies

We hereby state that we have received a parent handbook and understand and will adhere to all policies and procedures stated within.

Parent/ Guardian Signature: _____ Date _____

Neighborhood Walks:

My child may participate in going on short walks around our neighborhood. This could include but not limited to Southview School playground, the green belt and surrounding areas.

Parent Signature: _____ Date _____

Peer Role Model Pull Out:

My child may participate in pull outs within the building for special games and activities with children who may need help with speech, social/emotional, etc with professionals from outside agencies.

Parent Signature _____ Date _____

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