

PARKLAND PRESCHOOL – REGISTRATION FORM

Fees

	Preschool	Junior K	
Registration fee	45.00	45.00	
<input type="checkbox"/> Two days per week	170.00	200.00	monthly
<input type="checkbox"/> Three days per week	200.00	275.00	monthly

Please select your desired option.

Schedule

- ☐ 3 year old class (First) 9:00 - 11:15 AM (Tue/ Thu)
- ☐ 3 year old class (Second) 12:00 - 2:15 PM (Tue/ Thu)
- ☐ 4 year old class 9:00 - 11:15 AM (Mon/ Wed/ Fri)
- ☐ Junior Kindergarten 12:30 - 2:45 PM (Mon/ Wed/ Fri)

Please select your desired option.

Child's Information:

Name: Birthdate:

Address (Home): Postal Code:

Gender: Boy ☐ Girl ☐

Alta Health Care#

Allergies/ Dietary Requirements

Parent/ Guardian Information

Main Contact

E-mail

Mother:

Phone: H W C

Address (Home):

Father:

Phone: H W C

Address (Home):

Other Caregiver: Phone:

Address:

Emergency Contact

(Must be someone other than parents - in the event parents cannot be reached)

Name:

Phone: (Home) (Cell)

Address (Home):

Relationship:

Discipline Policy:

No corporal punishment will be administered by the staff of Parkland Preschool. In the event of a discipline problem, the child will be moved to a quiet area until he/she is settled. If a problem persists despite teacher intervention and communication with the parents/guardian, the school reserves the right to cancel the child's enrolment. I accept this method of discipline for my child.

Parent/ Guardian signature: _____ Date: _____

Safety Authorizations:

In the case of a serious accident or illness, I authorize the staff of Parkland Preschool to administer and/or seek medical attention for my child. Parkland Preschool staff will notify parent/guardian as soon as possible. The parents/ guardian are responsible for any costs incurred.

Parent/ Guardian signature: _____ Date: _____

We occasionally go outdoors during good weather for physical activity.

Parent/ Guardian signature: _____ Date: _____

Persons authorized to pick up child from school:

Name:

Name:

Immunizations:

Are your child's immunization shots up to date? Yes... ☐ No... ☐

Has your child had chicken pox? Yes... ☐ No... ☐

Medical Information:

Doctor or Walk-in Clinic:

Phone:

Does your child have any special medical conditions of which we should be aware of? Yes... ☐ No... ☐

If yes, please explain:

Will your child be on any medications while at school? Yes... ☐ No... ☐

Sick Policy:

Parkland Preschool follows the Child Care Licensing Regulations concerning communicable diseases in order to protect the health and safety of all children and staff members. A child, who may be suffering from a disease in Schedule 1 of the Communicable Disease Regulations or exhibits any of the following symptoms within the past 24 hours, will not be permitted to be in attendance at preschool:

- Diarrhea
- Fever
- Vomiting
- New or unexplained rash or cough
- A child requiring greater care and attention than can be provided without compromising the care of the other children in the program

Children should be symptom free and/or on medication for 24 hours before returning to school or until the license holder is satisfied that the child no longer poses a health risk to persons on the program premises. The above does not apply if the child's parent provides written notice from a physician indicating the child does not pose a health risk to persons on the program premises. If a child becomes ill while at preschool, or where a staff member knows or has reason to believe that a child is exhibiting signs or symptoms of illness, the child will be separated from the class and made comfortable with a pillow and blanket where appropriate. The parents/guardian will be notified and expected to pick up the child as soon as possible. If the parents/guardians cannot be reached the emergency contact will be notified and expected to pick up the child as soon as possible. A primary staff member will directly supervise the sick child until removed from the program.

Please notify the preschool if your child develops any communicable diseases
(please ask us for us for a listing of communicable diseases)

Parent/ Guardian signature: _____ Date: _____