



King's Kidz Christian Preschool

King's Kidz Christian Preschool Registration

School Year: _____ Date Completed: _____

Days Requested (Please circle): M T W TH F

FIRST CONTACT in case of emergency (name & number): _____

Student Information

Child's Name: _____

Full Mailing Address: _____

Birthdate: _____ Age: _____ Gender: ___ M ___ F

Student lives with (please check):

___ Both Parents ___ Mother only ___ Father only ___ Guardian

Parent/Guardian Information

Mother's Full Name: _____

Address if different from student: _____

Contact Info: (Home) _____ (Work) _____

(Cell) _____ (Email) _____

Father's Full Name: _____

Address if different from student: _____

Contact Info: (Home) _____ (Work) _____

(Cell) _____ (Email) _____



King's Kidz Christian Preschool

Does a guardianship, custody or access order exist for this student? ___ Yes ___ No

If yes, include a copy and forward copies of any changes throughout the year.

Guardian's Full Legal Name(s): _____

Address if different from student: _____

Contact Info: (Home) _____ (Work) _____

(Cell) _____ (Email) _____

Please help us get to know your child:

Please list any siblings (indicate ages) living with your child: _____

Pets? (type, name) _____

Favorite colour? _____

What are your child's current interests? _____

Religious information: Faith? _____ Church? _____

What do you most want your child to gain from preschool this year? _____

How did you hear about King's Kidz Christian Preschool?

Please circle all that apply: street sign, church lawn sign, google search, website, facebook, kijiji, community event, church event, postcard, friend.

Other? _____



King's Kidz Christian Preschool

Permission for Emergency Medical Care:

I authorize King's Kidz Christian Preschool to take my child by ambulance to the nearest available hospital for emergency treatment if necessary. The cost of emergency services will be incurred by the parents/guardians. I understand that every effort will be made to contact the parents/guardians and that all medical decisions will be made by the attending teach until the parents/guardians arrive.

Waiver of Responsibility:

I understand that in placing my child in King's Kidz Christian Preschool there are certain risks. Although reasonable supervision is provided, I understand that it is not possible to prevent the possibility of accidental incidents.

I recognize that even though the teachers have first aid training, they have no medical training and are neither a Doctor nor a Nurse. I authorize King's Kidz Christian Preschool staff to provide first aid treatment if necessary.

I have reported any dietary restrictions, allergies or medical conditions. I will provide any required emergency medication in the original container including detailed instructions on how and when the medication is to be administered to my child.

I understand the risks consequent in attending King's Kidz Christian Preschool and will not hold the teacher or King's Kidz Christian Preschool responsible should incidents occur.

Permission for Activity:

My child is permitted to go outside to "feel the weather", take a neighbourhood walk or play at the playground while accompanied by King's Kidz Christian Preschool staff. I understand that this is a time for my child to run, jump and play. Permission granted for the September through June school term.

Freedom of Information and Protection of Privacy Act:

I consent to the collection and use of personal information about my child that may occur regularly in the school community, including the taking of individual and group photos, the posting of student work, the acknowledgment of student accomplishment, the making of yearbooks, the description of student activities in school newsletters, the use of my child's photo in advertising and promoting King's Kidz Christian Preschool, including flyers, posters, brochures, including posting of collected materials on the preschool website or Facebook page.

Christ The King Lutheran Church may contact me regarding upcoming activities: Y N

I consent and agree to all of the above.

Child's Name: _____ My Name: _____

Date: _____ Signature: _____



King's Kidz Christian Preschool

King's Kidz Christian Preschool does not require parents to give volunteer hours, nor do we require involvement in fundraising. That being said, we do appreciate any volunteer assistance or donations you would like to give. We believe that volunteers are highly beneficial to the children and to the program, helping to build and strengthen connections with the home and community.

Parents/guardians of enrolled children are not required to submit a police information check in order to volunteer in their child's class. Other's who wish to participate, or parents who would like to participate on a regular basis, must obtain a police information check with vulnerable sector search from the Edmonton Police Service. (This is available at a reduced rate for volunteers.)

Volunteers must agree to keep any information learned about a child confidential, and to work under the direction of the teacher or administrator. The Preschool reserves the right without cause to ask you to discontinue working with the children in our classroom.

If you would like to volunteer, or if you can assist at home outside classroom hours, please complete the following:

Child's Name: _____ Your Name: _____

1. What would you like to contribute your talents to?

- | | |
|--|--|
| <input type="checkbox"/> Participate in a scheduled activity | <input type="checkbox"/> Assist on a cooking day |
| <input type="checkbox"/> Sew dress-up costumes or doll clothes | <input type="checkbox"/> Organize a special activity |
| <input type="checkbox"/> Assist in a special craft-time activity | <input type="checkbox"/> Prepare craft materials |
| <input type="checkbox"/> Purchase needed equipment/supplies (costs to be reimbursed) | |
| <input type="checkbox"/> Toy cleanup days (or taking a bag of toys/laundry home to clean). | |
| <input type="checkbox"/> Other _____ | |

2. What is your occupation? _____

May we call on you to make a presentation or be a resource person? ___Y ___N

3. Do you play an instrument? If so, which one(s)? _____

Would you be willing to play for us? ___Y ___N

4. Would you be willing to share a part of your ethnic origin/traditions, either by sharing resources and ideas, making a presentation, or leading a special activity under the direction of the teacher? ___Y ___N

What is your ethnic origin? _____

5. Are you able to be an "Emergency Helper" for our staff and fill in for a teacher? ___Y ___N

(For office use): ___ Police Check on file ___ First Aid cert on file



King's Kidz Christian Preschool

PORTABLE EMERGENCY RECORDS

Child's Name: _____ Child Attends (please circle) M T W TH F
Address: _____ Postal Code _____
Date of Birth: _____
Alberta Health Care # _____
Telephone: _____

PLACE WHERE PARENTS CAN BE REACHED

Name: _____	Name: _____
Home Phone _____	Home Phone _____
Work Phone _____	Work Phone _____
Cell Phone _____	Cell Phone _____

EMERGENCY CONTACT TO WHOM CHILD CAN BE RELEASED TO OTHER THAN A PARENT

Name: _____	Name: _____
Telephone: _____	Telephone: _____
Address: _____	Address: _____
Postal Code: _____	Postal Code: _____

OTHER HEALTH INFORMATION

Family Physician Name: _____ Telephone# _____

Is child's immunization up to date? No _____ Yes _____

Immediate Health Problems? No ____ Yes ____

If Yes please specify _____

Allergies: No _____ Yes (please specify) _____

Warning signs of reaction(in detail) _____

Recommended treatment _____

Dietary Restictions _____

Disabilities: No ____ Yes (please specify) _____

Ongoing medication: _____ *Please note that King's Kidz Preschool staff does not administer medication in any form, with the exception of emergencies (ie. Inhalers or epipens).