



## 2025-2026 Registration Form and Parent Agreement

Select Class Preference: ☐ No Preference ☐ Monday/Wednesday ☐ Tuesday/Thursday

### STUDENT INFORMATION

Full Name: \_\_\_\_\_

Sex: ☐ Male ☐ Female

Date of Birth: \_\_\_\_\_

Age on October 31st, 2024: \_\_\_\_\_

Alberta Healthcare Number: \_\_\_\_\_

Immunizations Current: \_\_\_\_\_

Student Resides With: \_\_\_\_\_

☐ Yes, Student is fully potty trained

**\*\*\*Students must be fully potty trained to attend the program. Pull-ups and/or diapers are not permitted for licensing requirements\*\*\***

### PARENT/GUARDIAN INFORMATION for Primary Contact

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Preferred Phone Number: ☐ Home ☐ Cell

Relationship to Student: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Preferred Phone Number: ☐ Home ☐ Cell

Relationship to Student: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION (if applicable)**

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_  
Preferred Phone Number: ☐ Home ☐ Cell Relationship to Student: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Physical Address: \_\_\_\_\_

**EMERGENCY CONTACT #1**

We will contact these individuals should the parents/guardians be unreachable in an emergency

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_  
Physical Address: \_\_\_\_\_

**EMERGENCY CONTACT #2**

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_  
Physical Address: \_\_\_\_\_

**ALTERNATE PICK UP AUTHORIZATIONS**

In addition to the parents/guardians, the following people are authorized to pick up the student from playschool. It is essential that the teacher be notified if anyone other than the parents/guardians are picking up the student. If the person is unknown to the teacher, photo ID will be required before the student is released.

Name: \_\_\_\_\_ Relationship to the Student: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship to the Student: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship to the Student: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship to the Student: \_\_\_\_\_

**STUDENT INFORMATION**

Does your student have any health concerns? ☐ Yes ☐ No

If yes, please describe:

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Does your student have any allergies? ☐ Yes ☐ No

If yes, please describe:

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Are there any foods your student cannot eat? ☐ Yes ☐ No

If yes, please describe:

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Does your student have any vision, hearing or speech difficulties? ☐ Yes ☐ No

If yes, please describe:

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Does your student take any medications regularly? ☐ Yes ☐ No

If yes, please describe:

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Does your student have any fears or additional support needs? ☐ Yes ☐ No

If yes, please describe:

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Other Children in the Household:

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Additional Comments and Information:

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## AUTHORIZATIONS

Initial each section below to indicate understanding and agreement.

\_\_\_\_ I have read and agree to adhere to the New Sarepta Playschool Handbook and Policies 2025-2026.

\_\_\_\_ I understand the philosophy and function of the playschool. As a member, I agree to pay the fees as outlined in the handbook, participate in parent meetings, fundraising and field trips to maintain my co-operative playschool membership in good standing.

I, \_\_\_\_\_, hereby authorize the Treasurer of New Sarepta Playschool to deposit cheques in relation to playschool fees and any deposit fees should I fail to perform the related duty as outlined in the Parent Handbook.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_ I give permission for New Sarepta Playschool to post inside the classroom and provide to the playschool members the full names of the children I have enrolled, the full names of myself and other potential adult roster volunteers and our phone numbers.

\_\_\_\_ I give permission for my child to be photographed in scheduled playschool activities. Said photographs may be used by the playschool for publicity and/or educational purposes. At no time will the photos be used in a public forum with identifying information beyond first name and age/class level.

\_\_\_\_ I give permission for my child to leave the premises of New Sarepta Playschool for the purpose of community walks, in town field trips and walking to the community playground.

\_\_\_\_ In the event of an emergency, I hereby authorize the teacher or attending parent(s) to give my child emergency first-aid treatment. I understand that the teacher will attempt to contact a parent/guardian using the emergency information I have provided in the case of an accident or illness. Furthermore, I agree that the teacher may request emergency medical care through 911 for my child at any time she deems it necessary.

**PARENT EXECUTIVE BOARD**

As a parent cooperative program, the playschool is run by a parent board. Your involvement is vital to the continued operation of the playschool and a successful school year.

Please indicate which board role(s) you are interested in (check all that apply):

- ☐ President   ☐ Vice President   ☐ Treasurer   ☐ Secretary   ☐ Fundraising Coordinator
- ☐ Field Trip Coordinator   ☐ Social Media Coordinator   ☐ Scheduling Coordinator

**SIGNATURE**

I hereby certify that all information on this form is correct to the best of my knowledge. I have read the entirety of the registration package and agree to abide by the rules set forth by the playschool.

Enrolling Parent/Guardian Signature: \_\_\_\_\_

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