



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: _____

STUDENT INFORMATION

Does your student have any health concerns? Yes No

If yes, please describe:

Does your student have any allergies? Yes No

If yes, please describe:

Are there any foods your student cannot eat? Yes No

If yes, please describe:

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

If yes, please describe:

Does your student take any medications regularly? Yes No

If yes, please describe:

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

If yes, please describe:

Other Children in the Household:

Name: _____

Date of Birth: _____

Additional Comments and Information:

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: _____