



2026-2027 Registration Form and Parent Agreement

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

Notes: _____

STUDENT INFORMATION

Full Name: _____

Sex: Male Female

Date of Birth: _____

Age on September 1st, 2026: _____

Alberta Healthcare Number: _____

Allergies: _____

Immunizations Current: Yes / No

Date of Most Recent Immunization: _____

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:

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: _____

Name: _____ Date of Birth: _____

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 2026-2027.

____ 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 Special Event 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: _____