

Delburne Playschool Enrollment Form

Commencement: _____

PERSONAL INFORMATION

Name of Child: _____

Date and Year of Birth: _____

Legal Land Description: _____

Home Phone Number: _____

Name of Mother: _____

Legal Land Description: _____

Home Phone Number: _____

Work Phone Number: _____

Cell Phone Number: _____

Name of Father: _____

Legal Land Description: _____

Home Phone Number: _____

Work Phone Number: _____

Cell Phone Number: _____

EMERGENCY INFORMATION

Emergency Contacts (Please give 2 names)

Name: _____

Legal Land Description: _____

Home Phone Number: _____

Work Phone Number: _____

Cell Phone Number: _____

Name: _____

Legal Land Description: _____

Home Phone Number: _____

Work Phone Number: _____

Cell Phone Number: _____

In an emergency, I give the Delburne Playschool staff permission to transport my child to the appropriate medical facility and/or perform emergency first aid treatment on my child.

Parent or Guardian Signature: _____

Date: _____

I authorize the following person(s) to sign my child in and out of our care.

NAME OF PERSON

RELATIONSHIP

PHONE #

Is there anyone who **MAY NOT** pick up your child?

NO

YES (*If yes, please give a name and photo to help identify this person*)

MEDICAL INFORMATION

Child's Medical History

Alberta Health Care Number: _____

Name of Child's Physician: _____

Address: _____

Phone Number: _____

Medical Information

Long term medication (medication taken on a regular basis)

Medical difficulties/conditions (special health needs)

Allergies:

Immunization – confirmation that immunization/vaccination is current

Yes

No

Parent or Guardian Signature: _____

Any other information we should be aware of? (Fears, eating habits, etc)

Delburne Playschool Parent Consent Form

I, _____

give my child, _____

permission to:

Leave the Delburne Playschool accompanied by the Playschool teacher and /or assistant to attend local field trips as they arise;

Distribute my name as well as my child's name on a phone list to other parents/guardians;

Take pictures in class and/or field trips.

Signature of Parent/Guardian: _____

Date: _____

The discipline policy of Delburne Playschool is as follows:

1. Limits will be stated kindly but firmly.
2. Whenever possible, choices will be given. When there is no choice possible, a child will be told what they can do, not what they can't do.
3. A reasonable explanation will be given to the child for doing something. i.e. It hurts when you hit. But there will be no arguing with the child, when giving the explanation. It will be given in a pleasant tone of voice and at the child's level (kneeling down for eye contact).
4. To let the child know that it is not okay to hurt himself or herself or another child or to damage property.
5. To encourage the child to use their words if someone else is irritating them rather than hitting or kicking out at the other person.
6. If the child continues to hit, kick etc., they will be taken to a quiet place and it will be explained to them that when they feel that they can manage, and then they can rejoin the group. If the child has not rejoined in a short period of time, then an adult will have a talk with the child and invite them to rejoin the group, providing the child feels they can manage their behavior.
7. Parents will be informed when a disciplinary measure has been necessary with their child, as teaching a child self-discipline is more effective when parents and teacher are involved together.

Signature of Parent/Guardian: _____

Date: _____

Delburne Playschool Sickness Policy

Keep your child home if he or she has the following symptoms:

- Fever within the last 48 hours
- Moderate drainage (clear or discolored) from the mouth, nose, eyes, or ears.
- Red discoloration to the whites of the eye(s).
- Skin rashes as they are difficult to diagnose unless since by a physician.
- Severe abdominal pain, vomiting or diarrhea within the last 48 hours
- A sore or painful, red throat, even if fever is not present
- Has been on antibiotics for less than 48 hours
- A deep, hacking cough
- Difficulty breathing or untreated wheezing
- Complaints of stiff neck and headache with more than one of any of the above stated symptoms
- Yellow discharge from the eyes
- An unusual yellow coloring of the skin or eyes
- Cuts or openings on the skin that are pus-filled or oozing
- Lice or nits until checked that they have been fully treated and are no longer present for 24 hours.
- Pink Eye or eye Infection within the last 72 hours
- If your child has clear runny nose then use your judgment as to wheatear it is sickness or allergies, even if it isn't associated with other symptoms it is likely still contagious.

Please be sure your child stays home and fully recovers for 48 hours after all symptoms have cleared up before bringing him or her back to school.

Any child displaying these symptoms will be separated from the other children and parents will be called to come get the child immediately.

I have read the Playschool Sickness Policy and agree to the contents.

Signature _____ Date _____

All Forms fully completed and payment for the fall session is required to ensure registration.

**Monthly payment plans and other payment arrangements can be made with
The President
Or the Treasurer**