



Date received: _____

Box 885 Blackfalds AB, T0M 0J0
Call Miss Becki (587) 877-7827(STAR)
Email: littlestarplayschool@hotmail.com
www.littlestarplayschool.com

Registration Form

\$75.00 Cash/Etransfer Non-Refundable Registration Fee Received: Yes___ No___

Date Received: _____ Staff Initials: _____

PLEASE DO NOT SEND REGISTRATION FEE UNTIL NOTIFIED TO DO SO.

Intended start date: M/D/Y _____

Playschool T-Th AM___ PM___ All Day ___ **Pre-K M-W-F** AM___ PM___ All Day ___

IREC Kindercare: (available to AM kindergarten only) Before school ___ After ___ Both ___

Little Star OSP (IREC) AM ___ PM ___ Days needing care: M T W Th F

St. Gregory & IRIC OSP: AM ___ PM ___ Kinder: ___ Days needing care: M T W Th F

PD days _____

EVERY LINE ON ALL THREE PAGES MUST BE FILLED OUT AS REQUIRED BY LICENSING.

PLEASE PRINT CLEARLY.

Child's Full Name: _____

Date of Birth: M/D/Y _____ Age: _____ Grade: _____

Gender: _____

Child's Address: _____

Parent/Guardian Name (Main Contact): _____ Cell #: _____

E-mail address: _____

Street Address: (if different than above) _____

Work #: _____

Parent/Guardian Name: _____ Cell #: _____

E-mail address: _____

Street Address: (if different than above) _____

Work #: _____

Custody:

If there is a court order regarding custody and access to your child, please provide a copy of the order so the program can comply.

Emergency Contact:

In the event a child becomes ill or injured while at Little Star Programs and neither parent/guardian can be reached, the following person would be contacted. Emergency contact needs to be willing to pick the child up when a parent/guardian cannot and must reside within 30 mins of Blackfalds.

1. Full Name: _____

Full Street Address: _____

Cell Number: _____ Relationship to Child: _____

Alternate Drop Off/Pick Up People: (Not Parent/Guardian)

1. Full Name: _____ Phone: _____

2. Full Name: _____ Phone: _____

3. Full Name: _____ Phone: _____

Medical Information

Please be sure to list all of your child's **allergies & reactions**. (Please write N/A if not applicable)

Are your child's immunizations up to date? Yes No

Any **diagnosis, chronic illness** or other **special needs** staff should be made aware of? (Please write N/A if not applicable)

First Aid

I _____ give Little Star Staff permission to administer first aid to my child in the event of an accident or unforeseen event. I understand all staff is required to have current training in first aid. I also give permission to Little Star Staff to transport my child in the event of an emergency to the closest hospital or if necessary, to call an ambulance for my child & to share my child's information with emergency personnel.

Photo Release Parent Permission

I do ____ I do not ____ give permission for photos or videos to be taken of my child/children to be used in Little Star Programs.

I do ____ I do not ____ give permission for my child's photos or videos to be used on social media. At no time will names be associated with photos.

I, _____ hereby grant Little Star Staff permission to take my child _____ on walks and to the parks/greenspaces within the Blackfalds community over the 20____/____ season. I understand that walking will be the form of transportation and supervision will be by Little Star staff according to the ratio guidelines set by the government licensing standards. I am aware that their whereabouts will be posted on the front door of the program with a contact number and time of return and shared via Himama. Staff will always have portable records and a first aid kit with them.

I, _____ give permission for my child, _____

to visit the Blackfalds Library throughout the 20____/____ season.

All the information on this form is correct and accurate. I am aware that I will be responsible to ensure that Little Star Play School is made aware of any changes to this information.

I have read the appropriate handbook for the program I am registering for which can be found on the website www.littlestarplayschool.com under resources, and I accept the responsibility of being aware of and adhering to the policies and procedures implemented. I grant permission for Little Star to share information regarding my child as per the FOIP policy in the handbook.

Parent signature: _____ Date: _____



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Portable Emergency Records

This page is important as Little Star Staff will have this form with them anytime we are offsite.

EVERY LINE MUST BE FILLED OUT AS REQUIRED BY LICENSING PLEASE

Child's Name: _____ Gender: _____
D.O.B (M/D/Y) _____ Age: _____
Child's Address: _____

Parent/Guardian Name: _____
Street Address: _____
Daytime Number: _____

Parent/Guardian Name: _____
Street Address: _____
Daytime Number: _____

Are your child's immunizations up to date? (circle) Yes No

Special Conditions, Allergy Alert & Reactions: (Must match second page)

Emergency Contact (Must match first page)

Name: _____
Street Address: _____
Cell: _____ Relationship to Child: _____

Alternate Pick Up/Drop off People (Must match first page)

1. Name: _____ Phone Number: _____
2. Name: _____ Phone Number: _____
3. Name: _____ Phone Number: _____