

King of Kings Christian Preschool

Student Information

Student Name: _____

Address: _____

Postal Code: _____ Home Phone No.: _____ Email: _____

Birthday (m/d/y): _____ Age: _____ Gender: _____

Special Needs (if any): _____

Family Information

Mother's Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Father's Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Medical Information

Alberta Health Care Number: _____

Doctor: _____ Phone No.: _____

Allergies: _____ Reactions: _____

Epinephrine Pen: Yes _____ No _____

Other Emergency Medications: _____

Immunizations Up To Date: Yes _____ No _____

Emergency Contact (other than parents)

Name: _____ Home Phone: _____ Work Phone: _____

Address: _____

Relationship to child: _____

Pick Up Information

Persons authorized to pick up your child: _____

Over

Religious Information (Optional)

Faith: _____ Church: _____

Child Baptized: Yes _____ No _____

Registration Information

Class Preferred: _____ Two Mornings per Week (T/Th)
_____ Three Mornings per Week (M/W/F)

A \$30 non-refundable cheque is required with registration. Cheques can be made payable to **King of Kings Christian Preschool.**

Cash _____ Cheque # _____

September and May tuition must be postmarked on ONE cheque by September 15th

Monthly post dated cheques provided: Yes _____ No _____

Parent/ Guardian Signature: _____ Date: _____

Permission for Emergency Medical Care

I _____ do authorize King of Kings Christian Preschool to take my child by ambulance to the Sturgeon Community Hospital, or the closest hospital accepting patients, for emergency treatment if necessary.

Waiver of Responsibility

- I understand that in placing my child in King of Kings Christian Preschool there are certain risks. Although supervision is provided, I understand that it is not possible to prevent the possibility of accidents.
- I recognize that even though the teacher/aid has First Aid training, he/ she has no medical training and is neither a doctor or a nurse.
- I have reported dietary/ allergies/ medical conditions. I will provide any emergency medication in the original container with full instructions for administration to my child.
- I understand the risks consequent in attending King of Kings Christian Preschool and will not hold the teacher/aid or preschool or King of Kings Lutheran Church responsible should incidents occur.

Permission for Activity

My child is permitted to go outside to "Feel the Weather", nature walk and play while accompanied by the teacher. I understand this is the time for my child to run, jump, and play. Permission is granted for the September to May term.

Freedom of Information and Protection of Privacy

I consent to the collection and use of personal information about my child that may occur in the school community, including photos, posting student work and accomplishments. Please cross out the statements you do not agree with.

I consent and agree to all of the above.

Parent/ Guardian Signature: _____ Date: _____

Form Completed- Staff initials _____