



Registration Package

Please return this completed form with a \$50.00 non-refundable application fee payable to Seedlings Preschool at:

Seedlings Preschool
#103, 4807 – 44th Avenue
Stony Plain, Alberta
T7Z 1V5

Program Preference

_____ Monday AM

_____ Tuesday AM

_____ Wednesday AM

_____ Thursday AM

_____ Tuesday PM

_____ Thursday PM

Total: _____ sessions per week

Child's Information

Child's Name: _____
(First) (Middle) (Last)

Address: _____
(City) (Postal Code)

Birth Date: _____
(Month) (Day) (Year)

Alberta Health Care #: _____

Allergies: _____

Immunization Current: Yes or No (Circle)

Mother's Information

Mother's Name: _____

Mother's Home Phone: _____

Mother's Alternate Phone: _____

Mother's Address (if different than above): _____

Mother's Email address: _____

Father's Information

Father's Name: _____

Father's Home Phone: _____

Father's Alternate Phone: _____

Father's Address (if different than above): _____

Father's Email address: _____

Emergency Information

Please provide information for an individual who can be contacted in the event that there is an emergency and you (the parents) cannot be reached.

Contact's Name: _____

Contact's Phone Number: _____

Contact's Address: _____

Contact's Relationship to your child: _____

Health and Safety Information

Doctor's Name: _____

Doctor's Phone: _____

Doctor's Address: _____

Allergies and Dietary Restrictions: _____

Childhood Diseases and/or Developmental Disabilities: _____

Medical Conditions Relevant in an Emergency: _____

Additional Information

Please tell us a bit about your child? What makes them shine?

Please tell us a bit about your family?

What are you and your child looking for in a preschool program?

Do you have any special skills or talents you would be willing to share with our program (eg. singing, story telling, cultural experiences)?

Photo Consent

Throughout the year we may come into contact with representatives of the media wishing to photograph, film, or interview our children. We ask that you consider whether this is appropriate for your child and sign the following:

I hereby give my consent for photos/film of my child _____ to be used for the following purposes (please check all that apply):
_____ For Seedlings Preschool purposes
(eg. bulletin board/album)
_____ For Newspapers or Television

Parent's Name: _____

Parent's Signature: _____

Emergency Authorization

In case of emergency, I hereby grant permission for the staff members of Seedlings Preschool to take whatever steps may be necessary to obtain medical care for my child _____ if warranted, including transport via private vehicle, taxi or ambulance. I also hereby agree to cover all costs incurred from any of these actions.

Parent's Name: _____

Signature: _____

Outing Consent

I hereby give consent for my child _____ to leave the Seedlings Preschool classroom under the supervision of the program staff for outings within the Park, adjacent to the school. All field trips outside of this area require separate permission for each outing.

Parent's Name: _____

Parent's Signature: _____