

**Greenfield Community Nursery School (GCNS)
REGISTRATION FORM - 2009-2010**



Child's Information

Full Name: _____
 Preferred Name (if different from above): _____
 Address (including postal code): _____
 Phone number: _____
 Date of Birth: _____ Gender: M / F
 Alberta Health Care Number: _____
 Primary language spoken at home: _____
 Other languages spoken: _____

Parent/Guardian Information

	Parent/Guardian	Parent/Guardian
Name		
Address (including postal code)		
Home phone		
Work phone		
Cell phone		
E-mail address		
Skills available to help with running of GCNS		

Place where parent/guardian can be reached during class time

	Parent/Guardian	Parent/Guardian
Name		
Address (including postal code)		
Phone		

Authorized Person(s) (other than parent/guardian) to whom child may be released

Name: _____ Name: _____
 Phone: _____ Phone: _____
 Address: _____ Address: _____
 Under the following Under the following
 circumstances: _____ circumstances: _____

Emergency Contact(s) (if parent/guardian unavailable)

Name: _____ Name: _____
 Phone: _____ Phone: _____
 Address: _____ Address: _____

Family Physician

Name: _____
 Phone: _____
 Address: _____

Program Choices: Please indicate your first and second choice

- _____ Monday / Wednesday, 9:00-11:15 AM, 3-year olds
- _____ Tuesday / Thursday, 9:00-11:15 AM, 3.5- and 4-year olds
- _____ Tuesday / Thursday, 1:00-3:15 PM, 3.5- and 4-year olds
- _____ Monday / Wednesday / Friday, 1:00-3:15 PM, 4-year olds
- _____ Friday, 9:00-11:15 AM, 3-year olds

Child's History and Relevant Information

1. List any allergies or recurring medical problems:

2. List any medication regularly taken (whether or not it has to be administered at the school):

3. List any other conditions (for example, parent separation, custody cases) which you feel the teacher should be aware of:

4. Names and ages of siblings:

5. Are you child's immunizations current? YES / NO

6. Describe any special needs of your child:

Field Trip Consent

I, _____ authorize Greenfield Community Nursery School to include my child, _____ in all regular activities and to use the equipment in the school gymnasium and on the playground, as well as attend field trips outside the school.

Signature: _____ **Date:** _____

Information Consent Form

As a non profit organization, Greenfield Community Nursery School is following the provisions of the Personal Information Protection Act (PIPA) in relation to commercial activity (providing an early childhood service program).

All personal information collected during the registration process and during the course of the school year will be used to provide an educational program, ensure a safe and secure environment and meet legal and regulatory requirements.

Some uses of this personal information by Greenfield Community Nursery School include:

-use of name, phone number, e-mail address, and child's birthday and gender on a class list to allow other parents to create a duty roster, contact you to switch duty days, let you know if class is cancelled, remind you about a meeting or a fundraising deadline, etc.

-use of individual or class photos for school purposes, including posting on website

-use of student and parent/guardian name, address, phone numbers, and special medical conditions for the purpose of field trips

Greenfield Community Nursery School knows that member information is strictly confidential. We will share information only with staff and volunteers who perform services on our behalf. We never sell, lease, or trade information about you to other parties.

Your knowledge and consent are required for the collection, use and disclosure of your family's information except in an emergency or where required or permitted by law.

I hereby consent to the use and disclosure of the personal information as listed.

Signature: _____ **Date:** _____

Please sign below indicating that you have provided complete and accurate information and that you have read and accept the program information and policies provided on the Registration Information sheet.

Signature: _____ **Date:** _____

For Office Use Only:

Registration Fee Paid: \$40 (new) \$20 (alumni) \$20 (sibling)

First Month's Fee: \$60 (1 class per week) \$80 (2 classes per week) \$100 (3 classes per week)

Fees received by: _____ Received on: _____

**Greenfield Community Nursery School
PORTABLE EMERGENCY INFORMATION – 2009-2010**



Child's name: _____

Child's address: _____

Date of birth: _____

Alberta Health Care Number: _____

Parent(s) name: _____

Parent(s) address: _____

Phone number(s): _____

If parents are not at the same home address, please complete below for second parent

**Parent name & relationship to child: _____

**Parent address: _____

**Phone number(s): _____

PLACE WHERE PARENTS CAN BE REACHED DURING CLASS TIME

Parent name: _____ Parent name: _____

Address: _____ Address: _____

Phone number: _____ Phone number: _____

AUTHORIZED PERSONS (OTHER THAN PARENT) TO WHOM CHILD MAY BE RELEASED

Name: _____ Name: _____

Phone number: _____ Phone number: _____

Address: _____ Address: _____

Relationship to child: _____ Relationship to child: _____

EMERGENCY CONTACTS (IF PARENT UNAVAILABLE)

Name: _____ Name: _____

Phone number: _____ Phone number: _____

Address: _____ Address: _____

Relationship to child: _____ Relationship to child: _____

OTHER HEALTH INFORMATION

Family Physician: _____ Phone number: _____

Address: _____

Allergies: _____

On-going medication: _____

Is child's immunization up to date? YES NO

In case of an emergency, I _____, give permission for my child, _____, to receive medical treatment/first aid from a staff member with valid first aid certification or emergency personnel.

Signed: _____ Date: _____