



DUNLUCE PRESCHOOL REGISTRATION PACKAGE

2019-2020

CHILD INFORMATION

First Name	Last Name	Male <input type="checkbox"/> Female <input type="checkbox"/>
Preferred Name	Birthday (YYYY-MMM-DD)	
Address	City/Town	Postal Code

PARENT INFORMATION

Mother/Guardian Name		
Home Phone	Work Phone	Mobile Phone
Mother/Guardian Email		PLEASE NOTE: Contact info will be distributed to class lists.
Address	City/Town	Postal Code
Father/Guardian Name		
Home Phone	Work Phone	Mobile Phone
Father/Guardian Email		PLEASE NOTE: Contact info will be distributed to class lists.
Address	City/Town	Postal Code

If separated or divorced, do both parents have permission to pick up the named child? YES NO

If no, please explain special circumstances related to the custody of the child.

Is this your child's first preschool experience? YES NO

Please indicate if your child speaks English: FLUENTLY NOT AT ALL

Does your child speak another language? YES NO If yes, which ones? _____

Can you give us any other information that will help us deal more effectively with your child? Please include any special needs your child may have (i.e. hearing, speech difficulties, etc.).

ABOUT YOUR CHILD'S HEALTH / EMERGENCY INFORMATION

Alberta Health Care Number		Family Physician	
Emergency Contact #1 (In Case Neither Parent/Guardian can be reached)		Relationship to Child	
Emergency Contact Phone	Emergency Contact Address (Physical Address, not PO Box)		
Emergency Contact #2 (In Case Neither Parent/Guardian can be reached)		Relationship to Child	
Emergency Contact Phone	Emergency Contact Address (Physical Address, not PO Box)		
Child Care Provider Name		Child Care Provider Phone	
Does your child have eczema, asthma or other allergies? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please specify and the typical reaction to them?			
Does your child receive any medication on an ongoing basis? If yes, please list the name of the medication that may or may not be administered at school, the exact dosage, and when it is to be administered.			
Please indicate if your child has ever been: HOSPITALIZED <input type="checkbox"/> SEVERELY INJURED <input type="checkbox"/> BITTEN BY AN ANIMAL <input type="checkbox"/> LOST <input type="checkbox"/>			
Has your child received all of the following immunizations, as recommended by the Alberta Health Services?			
12 Month MMR: YES <input type="checkbox"/> NO <input type="checkbox"/> 18 Month DPT & Polio & HIB: YES <input type="checkbox"/> NO <input type="checkbox"/>			

EMERGENCY MEDICAL AUTHORIZATION:

We authorize the Preschool/Teacher to seek immediate medical assistance for our child should the need arise.

Signature:	Date:

Program Selection

Dunluce Preschool provides parents with a variety of program options for 3 and 4 year olds in the mornings or afternoons.

Please indicate the class you prefer below by marking a "1" for your first choice of class and a "2" by your second choice in the boxes below.

MON/WED/FRI MORNING 9:15am - 11:15am *4 year olds*	TUES/THURS MORNING 9:15am - 11:15am *3 year olds*	MON/WED/THURS AFTERNOON 12:30pm - 2:30pm *4 year olds*
<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div> (\$110/month per child)	<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div> (\$90/month per child)	<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div> (\$110/month per child)

I UNDERSTAND that the program is priced according to the number of sessions per week your child is registered, based on the complete fee schedule and policies outlined in the Parent Handbook.

Parent Volunteer Section

Duty Days are an essential part of our preschool in order to meet required adult to child ratios in the classroom. These days are a great opportunity for parents to observe your child's progress and development, and your child will be looking forward to sharing these school days with you.

Parent volunteering allows us to keep fees below that of private preschools. We also get our classroom space rent free from Dunluce Community League.

Mandatory responsibilities of every family include:

- Act as a Duty Parent in the classroom (1 to 2 days per month, pending enrollment)
- Participate in one general meeting per year
- Cleaning bee (1-2 times per year)
- Set-up night (2-3 times per year)
- 1 bingo worked for Dunluce community league
- Be a community league member
- Participate in 3 fundraisers throughout the year.

I _____, (parent/guardians name) am registering my child _____ (child's name) into the Dunluce preschool program.

I understand that the \$50 registration fee is non refundable and am aware of all the parental responsibilities (listed above) that are involved with registering my child in the preschool program.

Parent signature _____ DPS Signature _____ Date _____

DUNLUCE PRESCHOOL SOCIETY: GENERAL PERMISSION SLIP

Subject & Details	Parent Initials
<p>Outdoor Activity I hereby give my consent for my child _____ to take part in outdoor activities at the Dunluce Community Hall, supervised and organized by Dunluce Preschool, during the preschool year. These activities might include, but are not limited to, visiting the playground, sledding, neighbourhood walks, etc.</p>	_____ _____
<p>Emergency Procedures I authorize the staff and volunteers of Dunluce Preschool to provide immediate first aid as required, to contact emergency services as required and/or provide emergency transportation for my child _____ should the need arise. I acknowledge the responsibility of any cost incurred is mine.</p>	_____ _____
<p>Receipt of Parent Handbook (Policies and Procedures) I am in receipt of the parent handbook for Dunluce Preschool. I have read and understand all the policies and regulations concerning the operation of the playschool and agree to abide by such. (will go through at September meeting).</p>	_____ _____
<p>Duty Days & Clean-and-Set Schedules I understand that checking newsletters and calendars (on email, Facebook, Website, playschool bulletin board) is my responsibility. As such, I will attend all Duty Days, Clean-and-Sets and Set-ups assigned to me. I will notify the Vice President of any conflicts I have 6 weeks prior so that calendars can be created that reflect any conflicts I have. I understand that no reminder phone calls will be made, and that accountability cheques will be cashed if I fail to attend my assigned days. I Understand that non-registered children/siblings can not attend my duty days.</p>	_____ _____
<p>Parental Volunteer Requirements I agree to fulfill the Parental Duties as outlined in the Parent Handbook (including bingo, duty days, clean-and-sets, fundraising), and understand that there will be financial consequences should I choose</p>	_____ _____
<p>My BINGO DATE for Dunluce Community is: _____</p> <p>We are members of the _____ Community League.</p> <p>Our membership number is: _____</p>	_____ _____

Parent signature _____ DPS Signature _____ Date _____

DUNLUCE PRESCHOOL SOCIETY FOIP FORM

Freedom of Information and Protection of Personal Privacy (FOIP) Act

Explanation of Authorities

The information collected on this form, as part of the registration process, is personal information as referred to the Freedom of Information and Protection of Personal Privacy (FOIP) Act. The collection of personal information is related directly to and is necessary in keeping with the preschool's obligation to provide a safe and secure school environment.

Uses of Personal Information

The FOIP Act requires that parents/guardians be advised of the collection and use of personal information. This includes many activities that are regularly part of the school community such as:

- 1) Individual photos that are taken
- 2) Photos and/or videos of classroom activities that are taken
- 3) Students name and a description of activities that are used on the school website and other school communication
- 4) Media photographs or videos of classrooms and school activities, where individual students can not be identified, may be taken and used by the media
- 5) Student names that are used on artwork, written materials, or their items to be displayed in the school
- 6) The use of students names, related contact information and phone numbers for classroom reps and parent volunteers
- 7) The use of student's names and relative contact information for the Public Health Authorities
- 8) The use of student names and related contact information and telephone numbers for emergency and situations including school closure
- 9) Photographs or videos taken by the preschool may be used to advertise or promote the preschool including on the website
- 10) Other similar activities within the school

Other Considerations

On occasion, school events are open to the general public (such as the year-end party). The use of photographic, video and other recording equipment is not restricted at these events. If there are specific issues regarding the use of your child's image and names in school communication, please speak directly to the teacher or board member.

I DO NOT authorize the Dunluce Preschool to use my child's picture or personal information in the above-mentioned situations.

I AUTHORIZE the Dunluce Preschool to use my child's picture or personal information in the above-mentioned situations.

Child Name:	Date:
Parent/Guardian Name (please print):	Parent/Guardian Signature:

Dunluce Preschool Society: Emergency Information Sheet

**** This information will be kept in our Emergency Binder,
which is left in the classroom at all times, or in the event of a fieldtrip,
will be kept with the Teacher at all times while group is outside of classroom. ****

Child's First Name:	Child's Last Name:
Child's Address:	
Birthdate:	Alberta Health Care Number:
Any known allergies:	Any medications regularly given:
Other medical conditions:	Are child's immunizations up-to-date YES <input type="checkbox"/> NO <input type="checkbox"/>
Mother Name:	
Mother Address:	
Mother Home Phone #:	Mother Work/Cell Phone #
Father Name:	
Father Address:	
Father Home Phone #:	Father Work/Cell Phone #
Emergency Contact #1 Name:	Relationship to Child:
Address:	
Home Phone #:	Work/Cell Phone #
Emergency Contact #2 Name:	Relationship to Child:
Address:	
Home Phone #:	Work/Cell Phone #

For DPS USE:

Permission been granted for photos taken in the class: Yes _____ No _____

Permission been granted for photos taken for media: Yes _____ No _____

Dunluce Preschool Society: Permission for Drop-Off and Pick-Up

****Please complete and turn in this form if someone other than the parents of the child will be responsible for dropping off or picking up the child from preschool, on either a 1-time or long-term basis. ****

I, _____, parent or guardian of _____, grant permission to the following people to drop-off or pick-up my child from Preschool:

Person	Relationship to Child	Drop Off (check if applicable)	Pick Up (check if applicable)	Effective for (give dates)

I will ensure that the above-mentioned persons know of the current drop-off and pick-up procedures, as outlined in the Dunluce Parent Society Parent Handbook.

Parent Signature: _____

Date: _____