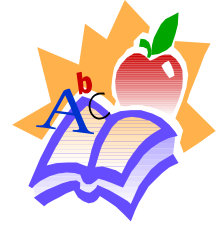


Agape Early Childhood Services Registration Form



Student Information

School Year: _____ ASN#: (for office use only) _____

My child will be attending Kindergarten _____ Ecs(Preschool) _____

My child goes to Agape Day care Yes _____ No _____ On waitlist _____

Preference of days: Mon/Wed _____ Tues/Thurs _____ Doesn't matter _____

(when possible)

Child's Full (Legal) Name: _____

First/Middle/Last

Name you wish your child to be called: _____

Birthdate (d/m/yr): _____

Age as of Dec 31st: _____ Sex: _____

Health Care Number: _____

Does your child have any difficulties/delays? Please circle all applicable:

Fine Motor, Gross Motor, Speech and/or Language, Attention, Behavioural, Social,

Other _____

(ECS ONLY: Please attach the assessment confirming the mild or moderate need of your child. This assessment can be obtained from the following sources: Social Worker, Mental Health or if your child has received an assessment from the Children's Allied Health in regards to their development and has received a diagnosis of mild/moderate in an area.)

Does your child have any allergies? (E.g. food, animals, etc) _____

How severe is the allergies? What are the symptoms? _____

Does your child have an epi pen? Yes () No ()

List some hobbies/special interests your child has: _____

Has your child had any reoccurring medical problem or surgery for anything in the past? _____

Is your child presently on medication? Yes () No ()

If so, what type? _____

Family Information

Child lives with Both Parents () Father () Mother () Guardian ()

Mother's Name: _____ Father's Name: _____

Mother's Address: _____ Father's Address: _____

Postal Code: _____ Postal Code: _____

Phone Number: _____ Phone Number: _____

Mother's Work Place: _____ Father's Work Place: _____

Business Number: _____ Business Number: _____

Cell Number: _____ Cell Number: _____

Email Address: _____ Email Address: _____

Brother's Names and Ages: _____

Sister's Names and Ages: _____

Should your phone number or address change throughout the year, please notify the office immediately of these changes.

Please complete if you are a: single parent, blended family, foster parent, or any other circumstances we should be made aware of.

Does your child have contact with his/her other parent? Yes ___ No ___

If so, how often? _____

Will the other parent be likely to visit the centre? _____

Does the other parent have permission to take the child from the centre?

Yes ___ No ___

Is there anyone else who is NOT able to pick up your child? _____

If not, a copy of the court order is to be provided to the Coordinator

Emergency Contact Information

A. Alternative Person(s) to contact in case of emergency:

Name: _____

Address: _____

Phone Number: (home) _____ (work/cell) _____

Relationship to Child: _____

B. Authorized Person(s) to Whom Your Child Can Be Released

1. _____

2. _____

C. Physician's Name: _____

Clinic's Name and Address: _____

Clinic's Phone Number: _____

D. Is your child's immunization up to date? Yes () No ()

E. Citizenship of Child (Canadian, American, etc): _____

Please provide any visa or government documentation that you have if not a Canadian Citizen.

Additional Information

A. Has your child been separated from you before, (including day care?)

Yes () No ()

If yes, when did this take place? For how long? _____

B. Name the schools and/or daycares your child has attended and the years they attended _____

C. Are there currently (or ongoing) any family related or personal circumstances that may be affecting your child? (E.g. death, change of address, parental separation/divorce, other stresses) _____

D. What is the primary language spoken in your home? _____

E. Does your child speak or understand any other language Yes () No (), if yes what is the language: _____

F. What are your expectations of this program? _____

L. Is there anything else you think we should know about your child? _____

M. We value parent involvement, upon agreement what would you like to share or volunteer for in the program (special events, classroom assistance, special speaker, etc) _____

Does your child require daily transportation to and from the program?

Yes _____ No _____

Field Trip Permission Form

I give permission for my child _____ to go on field trips under the supervision of the Agape Staff for the year of _____.

Date: _____

Parent/Guardian Signature: _____

PHOTOGRAPHY RELEASE

Throughout the year, many parents may wish to take photographs or videos during class events. I give permission for my child to be in those private photos or videos.

Please circle: YES or NO

I understand that any photographs or videos I take during these class events, which may include my child's classmates may NOT be published or posted on any public domain such as internet or print publications without formal consent.

Parent/Guardian Signature

MEDIA and PHOTO RELEASE FORM

Throughout the year at Agape Kindergarten/ECS we have different activities in which we take pictures to use for media and for display purposes within our centre. We are using media to increase positive learning, sharing and recognition opportunities for staff and parents.

By signing this section I consent to the disclosure of information for use by Media and/or Agape Kindergarten for learning and/or celebration of learning purposes.

Please mark one of the following to indicate your consent:

_____ I give consent to disclosures as described below for all

_____ I do not give consent to any of the below disclosures

_____ I give consent to only the following: (please check boxes you agree to)

Child's picture to be displayed internally within the confines of Agape Learning Centre such as on display boards on or in the classroom and during special events.

Photographs of your child and classmates that go home in memory books and year end books.

Group and class photographs that include your child (professional photography)

Agape Blog

Agape Web site Page

Agape Newsletters

Date _____

Parent's Signature _____

Child's Name _____

****Your child's name will be added to the Preschool/Kindergarten list once all required documentation has been handed in which includes:**

- 1) Registration form and authorization medical card**
- 2) Copy of birth certificate**
- 3) \$50.00 registration fee**
- 4) Preschool parents - Assessment from Children's Allied Health or alternative professional stating a mild/moderate in one area of development**

I, parent/guardian, agree I have received and read the parent handbook and also confirm the information given above is accurate to my knowledge.

Parent/Guardian Signature

Date

AUTHORIZATION FOR MEDICAL TREATMENT

Name of Child: _____ Date of birth: _____

Home address & Postal Code: _____

Home Phone and Cell: _____

Alberta Health Care: _____

Mother	Father	Alternative
Name: _____	_____	_____
Home address: _____	_____	_____
Home phone: _____	_____	_____
Place of employment: _____	_____	_____
Business phone: _____	_____	_____
Cell phone: _____	_____	_____

Doctor's name: _____ Phone Number: _____

Clinic/Address: _____

Immunization up to date: Yes _____ No _____

Allergies/Special medical conditions/Regular medication:

Persons authorized to pick up child:

Emergency Medical Treatment

In the event of an emergency when I am not available, I authorize the administration of any medical procedures deemed necessary by my doctor, or, if unavailable, by any other physician selected by the Director/Designated of the Agape Learning Centre.

Signature: _____

Date: _____