

School Year:
Sept 12 - June 13

Hounsfield Heights/Briar Hill
Parent-Child Co-op Playschool
1233-21st St. NW Calgary AB T2N 2L8
403.210.5126
hhbhplayschool@hotmail.com
www.hhbhplayschool.ca



Registration Forms

Please refer to the **HH-BH Playschool Registration Information** document when filling out this registration form. Make sure to fully complete all sections, only completed forms accompanied by complete cheques are accepted.

Please make sure that you have read and answered all questions. If the questions do not apply to you or your child, simply use n/a as a response.

I have read and understood the separate **HH-BH Playschool Registration Information** document, including the **Discipline Policy** and the **Privacy Policy**, and I agree to abide by the contents of the **Parent Handbook**.

Child's Name

Date

Parent's Name

Parent's Signature

Classes: Please label your 1st, 2nd, 3rd, 4th, choice(s) as appropriate

Mon/Wed/Fri - Mornings (9:00 – 11:30am): _____

Mon/Wed/Fri - Afternoons (1:00 – 3:30 pm): _____

Tues/Thurs - Mornings (9:00 – 11:30am): _____

Tues/Thurs - Afternoons (1:00 – 3:30 pm): _____

School Year:
Sept 12 - June 13

Hounsfield Heights/Briar Hill
Parent-Child Co-op Playschool
1233-21st St. NW Calgary AB T2N 2L8
403.210.5126
hhbhplayschool@hotmail.com
www.hhbhplayschool.ca



Registration Form:

Reviewed Jan 2013 for accuracy: _____ (initials) _____ (date)

Child's Full name: (underline name used) _____ Male / Female
Date of Birth: _____ Current age: _____
Address: _____ Postal Code _____
Phone number: _____ Preferred email address: _____
Alberta Health Care Number: _____

The following information is required in FULL for licensing requirements

Parent's Name: _____
Address: (if different than above) _____
Home phone: _____ Business phone: _____ Cell phone: _____
Business name _____
Business address: _____ Postal Code: _____

Parent's Name: _____
Address: (if different than above) _____
Home phone: _____ Business phone: _____ Cell phone: _____
Business name: _____
Business address: _____ Postal Code: _____

Do both parents have legal access to this child? Yes / No If no, please explain: _____

Other Caregivers' Names: _____ Phone: _____

Two Emergency contacts (when neither parent can be reached – must be local Calgary addresses):

Name: _____ Relationship: _____ Phone: _____
Address: _____ Postal Code: _____

Name: _____ Relationship: _____ Phone: _____
Address: _____ Postal Code: _____

The following people are authorized to sign my child out from Playschool:

Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____

School Year:
Sept 12 - June 13

Hounsfield Heights/Briar Hill
Parent-Child Co-op Playschool
1233-21st St. NW Calgary AB T2N 2L8
403.210.5126
hhbhplayschool@hotmail.com
www.hhbhplayschool.ca



Reviewed Jan 2013: _____ (initials) _____ (date)

Placement in Family (1st, 2nd, etc.) _____

Name of sibling: _____ Age: _____ Male/Female Name of sibling: _____ Age: _____ Male/ Female

Name of sibling: _____ Age: _____ Male/ Female Name of sibling: _____ Age: _____ Male/ Female

What previous experience does your child have in a teaching/classroom type of environment?
(i.e. any un-parented classes such as swim lessons, gym classes or daycare)

What type of personality does your child have in a social setting? (i.e. introvert, extrovert, confident, shy, anxious, cooperative, attentive, experiences separation anxiety)

I, the undersigned, release the Parent/Child Co-op from any liability in case of an injury at Playschool. I also realize that I must be willing to help on my scheduled helper days, or switch with another family. If I withdraw my child from this Playschool during the school year, I will give one month's written notice or be responsible for that one month's fee.

Parent's Signature: _____ Date: _____

How did you hear about the Playschool? _____

Community Association Membership Number (if purchased previously this year): _____ Expiry: _____

School Year:
Sept 12 - June 13

Hounsfield Heights/Briar Hill
Parent-Child Co-op Playschool
1233-21st St. NW Calgary AB T2N 2L8
403.210.5126
hhbhplayschool@hotmail.com
www.hhbhplayschool.ca



Medical Information

Reviewed Jan 2013: _____ (initials) _____ (date)

Child's Physician's Name: _____ Office Phone: _____

Physician's Address: _____ Postal Code: _____

Are this child's **vaccinations** up to date? Yes No

Please note: If your child contracts measles, Calgary Health Region requires they remain out of any group care or school for 3 weeks following the end of the disease. There will be no refund for any class time missed.

Does this child take any **medications** on a regular basis? Yes No

If "yes", please list all medications, dosage times and amounts:

Note: If you require the Playschool to administer any medication dosage for allergy, asthma, or other condition in case of emergency ONLY, you must sign a separate permission slip acknowledging this.

Does this child have any **allergies**? Yes No

If "yes", please list all allergies and treatments (i.e. Epi-pen, Benadryl, etc.): _____

Note: An extra supply of your child's medications/treatments must be provided to the Playschool on the 1st day along with a current photo of your child.

Does this child have any **dietary restrictions**? Yes No

If "yes", please list all dietary restrictions: _____

Note: If your child has any life serious or life threatening food allergies, you are required to provide your child with their own snack daily, as well as provide a back up snack to be kept at the school.

Does this child have any history of **serious illness**? Yes No

If "yes", please list all illnesses and dates of illness: _____

Are you **aware of or concerned about any impairments** your child might have with respect to hearing; speech/language; visual; social/emotional behaviour; or orthopaedic? Yes No

If "yes", please explain: _____

Have you discussed these with your paediatrician/family doctor? Yes No

Has it been recommended, have you sought advice or is your child currently receiving assistance with any of these special needs? Yes No

I, the undersigned, release the Parent/Child Co-Op from any liability included but not limited to an injury, illness or allergic reaction at Playschool.

Parent's Signature: _____ Date: _____

School Year:
Sept 12 - June 13

Hounsfield Heights/Briar Hill
Parent-Child Co-op Playschool
1233-21st St. NW Calgary AB T2N 2L8
403.210.5126
hhbhplayschool@hotmail.com
www.hhbhplayschool.ca



Reviewed Jan 2013: _____ (initials) _____ (date)

Permission Form For Playschool Activities & Emergency Medical Care

Child's Full Name: _____

I hereby grant permission for my child to use all of the play equipment and participate in all of the activities of the Playschool for the school term September 2012 to June 2013.

I hereby grant permission for my child to leave the *licensed* Playschool premises (this includes ONLY the classroom) under the supervision of a staff member and parent volunteers for activities within the Briar Hill School building and grounds, such as the gymnasium and outdoor playground. Although the Playschool does not normally go on field trips, any neighbourhood walks or other field trip in an authorized vehicle will require a permission slip specific to that activity.

I hereby grant permission for my child to be included in evaluations and pictures connected with the school program.

I hereby grant permission for the Hounsfield Heights-Briar Hill Parent-Child Co-op Playschool staff to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to, the following:

1. Attempt to contact a parent or guardian.
2. Attempt to contact you through any of the persons listed on the emergency information form that you completed for the Playschool.
3. Attempt to contact the child's physician.
4. If the Playschool cannot contact you or your child's physician, we will do the following:
 - a) dial 911 to contact appropriate emergency personnel and /or arrange for emergency transportation;
 - b) have the child taken to an emergency hospital and wherever possible, in the company of a staff member.
5. Any expenses incurred under #4, above, will be borne by the child's family.
6. Should it be necessary to evacuate the building, children will be removed to a designated home within walking distance of the school. The parent helpers will phone each parent to request early pick-up.
7. The Playschool will not be responsible for anything that may happen as a result of false or out-of-date information given to the Playschool.

Note: The Hounsfield Heights- Briar Hill Parent-Child Co-op Playschool assumes no responsibility for lost or stolen articles.

Signature of Parent or Guardian

Date

Signature of Witness

Date

School Year:
Sept 12 - June 13

Hounsfield Heights/Briar Hill
Parent-Child Co-op Playschool
1233-21st St. NW Calgary AB T2N 2L8
403.210.5126
hhbhplayschool@hotmail.com
www.hhbhplayschool.ca



Consent Form for Personal Information

I, _____, consent to allow Hounsfield Heights-Briar Hill Parent-Child Co-op Playschool to release, collect, use or disclose personal information for its operational and administrative purposes, including, but not limited to:

- Eligibility and pre-assessment
- Learning assessments
- Student Counselling
- Student health and safety
- Special events
- Student/Family liaison
- Development
- Fundraising
- Finance Administration

I understand that HHBH Parent-Child Co-op Playschool is subject to provincial and federal privacy legislation and has developed a Privacy Policy to ensure compliance with privacy legislation and standards.

I am aware of the risks and benefits associated with consenting or not consenting to collection and that I may revoke my consent at any time by providing a signed written statement of revocation to HHBH Parent-Child Co-op Playschool.

Please circle 'yes' or 'no':

I give permission to include my name and my child's name, email address and phone number on the class lists. Yes / No

I give permission to include my child's first name, photograph and/or artwork in the Playschool Newsletter. Yes / No

Name of Child: _____

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____ Valid until: July 1, 2013

School Year:
Sept 12 - June 13

Hounsfield Heights/Briar Hill
Parent-Child Co-op Playschool
1233-21st St. NW Calgary AB T2N 2L8
403.210.5126
hhbhplayschool@hotmail.com
www.hhbhplayschool.ca



Parent Interest Survey

1. From time to time the Playschool loves to invite our families who have a special skill or talent to come in and share it with our classes.

For example, parents or grandparents play an instrument, speak another language, talk about their job or share a unique collection.

Please tell us if there is something you could share with us!

Parents' names _____

Child's name: _____

Interest/activity/hobby of parent/grandparent etc:

2. There are occasional times when parents can't make it in for their special helper day at the last minute. Are you, a grandparent or a nanny available on short notice?

Yes No Tel: _____

3. Sometimes Teachers get sick, too! Are you a teacher available for substitute days?

Yes No Tel: _____

4. Do you have current first aid qualifications?

Yes No Tel: _____

School Year:
Sept 12 - June 13

Hounsfield Heights/Briar Hill
Parent-Child Co-op Playschool
1233-21st St. NW Calgary AB T2N 2L8
403.210.5126
hhbhplayschool@hotmail.com
www.hhbhplayschool.ca



Out of Class Job Preference Form

Please review the list of out-of-class job choices in the Information document and state your preferences below. Each family is responsible for a minimum of one job per child you have enrolled. The positions of the Executive will be filled, by vote or by acclamation, at the General Meeting Wed, May 16th, 2012. If you are interested in any of these positions, you may include them below with no obligation.

The remaining jobs will be allocated in June and you will receive confirmation and a job description with the summer mail-out. This allows an opportunity to familiarize yourself with the position and be ready to begin immediately when school commences. Each and every job is imperative to the smooth running of the Playschool.

First Choice: _____
Second Choice: _____
Third Choice: _____

While we will attempt to fill one of the above choices, it may be impossible to accommodate everyone. In that event, you will be contacted to arrange an alternate job.

Name of Child

Name of Parent/Guardian

Date

Classroom Cleaning

Each Playschool family (except those who take positions on the Executive) is responsible to participate in one classroom cleaning throughout the year. This ensures that our classroom is a healthy place to be. We need everyone's help to make this a quick, easy process. Please rank your preference, we cannot guarantee that you will receive your first choice but will do our best to place you on the day you desire.

<u>Date</u>	<u>Choice</u>
Sept 2012	
Nov 2012	
Dec 2012	
Feb 2013	
April 2013	
June 2013	