



NAMAOPRESCHOOL SOCIETY

*Tiny hands making big discoveries
in our community*

REGISTRATION FORM FOR 2021 - 2022

CHILD'S INFORMATION	
Child's Name:	Birth Date:
Child's Physical Land Address:	
1. Parent/Guardian Name: _____	2. Parent/Guardian Name: _____
Mailing Address: _____	Mailing Address: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____
Occupation: _____	Occupation: _____
Main Email Address: _____	
Please indicate which class your child will be in:	
<input type="checkbox"/> 3 year old class: Tuesday and Thursday <input type="checkbox"/> AM Class 9:00 – 11:30 a.m. \$100* per month (<i>must potty trained</i>)	<input type="checkbox"/> 4 year old class: Monday, Wednesday, and Friday – <input type="checkbox"/> AM Class 9:00 – 11:30 a.m. \$130* per month (<i>planning to attend Kindergarten the following school year</i>)

* Fees subject to change

8 - 24400 Highway 37, Sturgeon County AB T8T 0E9
 Tel: 780-973-5678, ext. 3 Email: namaopreschool@gmail.com Website: namaopreschool.com

EMERGENCY CONTACT (OTHER THAN PARENTS)	
Emergency Contact	Relationship
Emergency Contact Address	
Home Phone	Cell Phone

CHILD'S MEDICAL HISTORY AND OTHER RELEVANT INFORMATION	
Family Physician	Phone
Alberta Health Care #	Namao Ag Society # (to be provided)
1. Does your child have any physical disabilities? (please describe)	
2. Please describe any chronic/recurring health conditions (e.g. allergies, asthma, diabetes, etc.)	
3. Please list any/all medications your child needs.	
4. Are your child's immunizations up to date? (If no please explain)	
5. Authorized person(s) to whom your child may be released:	
<i>Name</i>	<i>Relationship</i>
6. What is your preferred elementary school?	
7. Where did you learn about Namao Preschool Society? (e.g. newsletter, community board, Facebook, etc.)	
Date	Signature:

THIRD PARTY FOIP CONSENT

From time to time, a third party organization may require my child's personal information to schedule a field trip. I hereby give my consent to Namao Preschool Society to provide _____ (child's name) personal information including his or her name, date of birth and/or address to the third party organization which may be requesting it and which acknowledges and follows the laws of the *Freedom of Information and Privacy Act* (FOIP) for the sole purpose of my child attending such field trip.

Date: _____ Signature: _____

PLAYGROUND CONSENT

I hereby give my consent for my child _____ to play on the grounds and playgrounds surrounding the Namao Community Hall and Namao School. I understand that, although part or all of the playground is on the Namao United Church's property, the playground is covered by the preschool's liability insurance.

Date: _____ Signature: _____

COPYRIGHT RELEASE FORM

I hereby grant permission to Namao Preschool Society on behalf of my child, _____, to:

- 1. Photograph and videotape my child ____ yes ____ no
- 2. Display my child's work ____ yes ____ no
- 3. Reproduce my child's work ____ yes ____ no

For non-profit, educational purposes only, I understand the work may be shown at educational displays during open house, in-service sessions, and other school related activities at school, in the hall, at school sponsored displays in the community, or in a school publication or advertisement.

____ **yes** ____ **no** → I understand that photos of my child(ren) or photos of my child's work may be posted to Namao Preschool Society's website (namaopreschool.com) to promote this non-profit program and I hereby grant permission for Namao Preschool Society to post photos of my child and/or their work to the website for this purpose.

Date: _____ Signature: _____

SOCIAL MEDIA AUTHORIZATION

The teacher and one parent will be the administrators of Namao Preschool Society's social media platforms: Facebook, Instagram, and Twitter. Each will have the ability to post photos to these sites that will contain such things as crafts that the children have completed or photos of the classroom or photos of the children. For the privacy and wellbeing of each child, no photos of a child's face or full figure will be posted to any of Namao Preschool Society's social media platform sites. Group photos of the children that are taken from a distance that do not show any of the children's features may be posted to Namao Preschool Society's platforms from time to time. No videos with the children in them will be posted to Namao Preschool Society's social media pages.

I understand that photos of my child, _____, (or including my child) which are photographed during classroom hours or field trips by the teacher and / or parents may be uploaded, posted, and shared on Namao Preschool Society's social media platforms including Facebook, Instagram, and Twitter, either by the teacher or the other parent administrator provided that those photos **do not** contain a full, clear, or direct photo of my child. I understand that my child will not be "tagged" with any person's name (mine, my child's, or any third party) in any photograph uploaded to Namao Preschool Society's social media platforms. I understand that photos of my child's work may be posted to Namao Preschool Society's social media platforms on Facebook, Instagram, and Twitter.

I further understand that any photographs which my child is in, either by themselves or with other children or parents, will **not** be uploaded or posted to any other social media sites except those which are noted above without providing my expressed written consent.

Date: _____

Signature: _____

MEDICATION ADMINISTRATION FORM

I, _____, the parent/caregiver of _____ give permission to Namao Preschool Society to administer prescribed medication, as follows:

Child's Name: _____ Date of Birth: _____

Child's Land Address: _____

Medication required: _____

Dosage (amount and time): _____

Parent/Caregiver Signature _____ Date _____

EMERGENCY CARE CONSENT FORM

I consent to any Alberta Local Health Authority to provide emergency medical care when my child is brought to the health care facility by someone other than myself upon permission of this letter.

Child's Name: _____ Date of Birth: _____

Child's Land Address: _____

Alberta Health Care #: _____

Allergies/Medical Information: _____

Any Medications: _____

When does your child need medication? _____

Parent's Name: _____

Parent's Address: _____ Parent's Tel. No.: _____

EMERGENCY CONTACT

Emergency Contact Name: _____

Emergency Contact Address: _____

Phone no.: _____ (home)

_____ (work)

_____ (cell)