

# Registration Package

**\*\*Your child must be potty trained and able to use a toilet independently prior to the September start.\*\***

To secure a spot for your child at **Discovery Nursery School** for the 2023-24 school year, the following is required of you:

1. A **COMPLETED** registration **MUST INCLUDE**:

- a. Completed pages 2-5 of the Registration Package including the Child Emergency Medical Information Form (please inform your emergency person that they are the emergency contact for your child)
- b. Hard copies are available at the preschool, during preschool class times.

2. **EMAIL** pages 2-5 of the registration form to [melissa.discoverynurseryschool@gmail.com](mailto:melissa.discoverynurseryschool@gmail.com) or **DROP OFF** all the completed pages during preschool class times, stapled together **OR** in an envelope for Discovery Nursery School at the mail drop box of the Maranatha Church (doors facing the Nicholas Sheran Park)

3. Please **SEND** a non-refundable registration fee of \$50.00 e-transfer to [melissa.discoverynurseryschool@gmail.com](mailto:melissa.discoverynurseryschool@gmail.com)

Once all these steps are received by Discovery Nursery School, a spot will be held for you child.

Discovery Nursery School 2023-24 School Year

Child Registration Form

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Preferred Family Phone Number: \_\_\_\_\_ Alberta Health Care #: \_\_\_\_\_

Preferred Family Email Address: \_\_\_\_\_

Family Information

Mother Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Place of Employment : \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Father Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Place of Employment : \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Siblings Names and Ages of Siblings

Pets Please list any pets in your home

Emergency Contact Information (Other than Parents)

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Authorized Persons to Whom the Child Can Be Released To

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

Medical Information

Clinic: \_\_\_\_\_ Physician: \_\_\_\_\_

Phone Number: \_\_\_\_\_

If your child has any of the following, please list accordingly (additional medical forms available upon registration):

- 1. Allergies:
- 2. Medical Diagnosis:
- 3. Prescribed Daily Medication:

Other Information

Does your child have previous childcare experience?

Is there any information about your child that we should be aware of?

Class Choices: (fee schedule listed in the Parent Handbook)- spots available as of Monday March 27

3 days- Monday, Wednesday, Fridays A.M. 8:50-11:20 \_\_\_\_ (FULL-waitlist available)

2 days- Tuesday, Thursday A.M. 8:50-11:20 \_\_\_\_ (FULL-waitlist available)

\*NEW\* 2 days- Monday Wednesday P.M. 12:30-3:00 \_\_\_\_\_ (spots available)

2 days- Tuesday, Thursday P.M. 12:30-3:00 \_\_\_\_ (spots available)

Please sign below that all the above information is completed to the best of your ability and knowledge. Any changes need to be reported to the Discovery Nursery School Director immediately. Your signature also acknowledges that you have read and understood the Parent Handbook posted on our website.

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**CHILD EMERGENCY MEDICAL INFORMATION FORM**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Alberta Health Care #: \_\_\_\_\_

	Mother	Father	Emergency
Name			
Place of Work			
Work Number			
Cell Number			

**Medical Information**

Clinic: \_\_\_\_\_

Physician: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Allergies/Special 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/Designate of Child Care Centre

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**CONSENT FOR OFFSITE ACTIVITIES**

Discovery Nursery School will occasionally take the preschool students offsite for outdoor play, nature walks, safety walks, picnics and general playtime. The activities will run for a minimum of 10 minutes to a maximum of 30 minutes. Our first destination will be across the street within Nicholas Sheran Park, on the grass area directly across from the school and within walking distance of our classroom. Our second destination will be in the parking lot of the church near the front steps to the church. Staff will be always positioned during the walks to and from the park at the beginning, middle and end of all lines and in and outside the perimeter of group activities, constantly supervising all the children. Additional parent volunteers will be requested for supervision.

Consent is given to Discovery Nursery School to take my child to the above-mentioned offsite activities.

Signature of parent/guardian \_\_\_\_\_

Date \_\_\_\_\_

**CONSENT TO PHOTOGRAPHY, VIDEO, AND/OR RECORDING FOR PUBLIC RELATIONS/MEDIA PURPOSES**

I, \_\_\_\_\_ (parent/guardian’s name) hereby authorize Discovery Nursery School to take still photographs, videos recordings (with or without sound) and/or sound recordings only of \_\_\_\_\_ (child’s name) for the purpose of the nursery school. Further permission will be requested if a specific photograph/recording is to be used on Discovery’s website ([www.discoverynurseryschool.ca](http://www.discoverynurseryschool.ca)), or other promotional materials.

I hereby expressly waive all claims against Discovery Nursery School in any manner whatsoever relating to the said photographs and/or recordings

Signature of parent/guardian \_\_\_\_\_

Date \_\_\_\_\_