

Registration Package

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

**** Children must be turning 3 by December 31, 2024 to register to start in September****

To secure a spot for your child at **Discovery Nursery School**, 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 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. Once you receive confirmation via email that your class choice is available, please **SEND** a non-refundable registration fee of \$75.00 e-transfer to 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 2024-25 Child Registration Form

First Name _____ Last Name _____

Preferred Name at Preschool (if different than above) _____ Date of Birth _____

Address _____ Postal Code _____

Preferred Family Phone Number _____ Alberta Health Care # _____

Preferred Family Email Address _____

Language(s) spoken at home (other than English) _____

Family Information

Mother/Guradian Name: _____

Place of Employment : _____

Best Number to Reach Mother: _____

Father/Guardian Name: _____

Place of Employment : _____

Best Number to Reach Father _____

Siblings Names and Ages of Siblings

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 (Other than parents)

1. _____ 3. _____
2. _____ 4. _____

Medical Information

Clinic: _____ Physician: _____

Phone Number: _____

Please check and list accordingly for your child (additional medical forms available upon registration)

1. Allergies- Yes _____ No _____ If Yes, please list _____

2. Medical Diagnosis: Yes _____ No _____ If Yes, please list _____

3. Prescribed Daily Medication: Yes _____ No _____ If Yes, please list _____

4. Is your child up to date for childhood immunizations? Yes _____ No _____

Other Information

Does your child have previous childcare experience?

Is there any information about your child that we should be aware of (including cultural celebrations)?

What are your hopes and goals for choosing Discovery Nursery School for your child?

Class Choices (if choosing all mornings or all afternoons, select both classes)

_____ Monday Wednesday and every other Friday AM (8:50-11:20) (FULL- Waitlist Available)

_____ Tuesday Thursday AM (8:50-11:20) (FULL- Waitlist Available)

_____ Monday Wednesday PM (12:30-3:00)

_____ Tuesday Thursday PM (12:30-3:00)

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 2024/25 Parent Handbook posted on our website.

Parent/Guardian's Signature: _____

Date: _____

CHILD EMERGENCY MEDICAL INFORMATION FORM

Name: _____ Date of Birth: _____

Home Address: _____ Postal Code: _____

Preferred Family Phone Number: _____ Alberta Health Care #: _____

| | Mother | Father | Emergency Contact (Other than Parents) |
|---------------|--------|--------|---|
| Name | | | |
| Place of Work | | | |
| Work Number | | | |
| Cell Number | | | |

Medical Information

Clinic: _____

Physician: _____

Phone Number: _____

Please list any allergies, medical diagnosis and/or prescribed medications:

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, 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), 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 _____