Registration Package

Your child must be potty trained by the September start date and must turn 3 before the end of October 2021. Inquiries for under 3 are welcome and will be registered upon the discernment of the owner.

To secure a spot for your child at **Discovery Nursery School** for the 2021-22 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 you child)
- 2. Email all pages of the registration form to melissa.discoverynurseryschool@gmail.com or drop off all the completed pages, stapled 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

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

Discovery Nursery School Child Registration Form

Name:	Date of Birth:	_
Postal Code:	Phone Number:	
Alberta Health Care #:		
Preferred family email addre	ess:	
Family Information		
Mother		
Name:		
Address:		_
Postal Code:	_ Home Phone Number:	
Place of Employment :		_
Work Phone Number:	Cell Phone Number:	
<u>Father</u>		
Name:		
Address:		_
Postal Code:	Home Phone Number:	
Place of Employment :	Cell Phone Number:	_
Work Phone Number:	Cell Phone Number:	
<u>Siblings</u> Names and Ages of Siblings		
Pets		
Please list any pets in your h	iome	
Emergency Contact Inform	nation (Other than Parents)	
Name:	Relation:	
Address:		-
	Cell Phone Number:	
Work Phone Number:		
Authorized Persons to Who	om the Child Can Be Released To	
1		
2		
3		
4		

Clinic:Physician:Phone Number:If your child has any of the following, pleas: 1. Allergies:		ly:		
2. Medical Problems				
3. Prescribed Daily Medication				
Does your child have his/her immunization	ns up-to-date? Y	'es No		
Other Information				
Does your child have previous childcare ex	perience?			
What are your child's favourite books?				
What are your child's favourite activities?				
Is there any other information about your				
Are you willing to volunteer in the classrood Volunteering is not mandatory at Discove Do you consent to your name, your child's Yes No	ry Nursery Scho	ol.	ekly Monthly art of a class list (please	·
Class Choices: 3 days- Monday, Wednesday, Fridays	A.M.	9:00-11:20	\$120.00/month	
2 days- Tuesday, Thursday	A.M.	9:00-11:20	\$100.00/month	
2 days- Tuesday, Thursday (Wait List Only)	P.M.	12:40-3:00	\$100.00/month	
Parents Signature:				

Medical Information

Nama	Date of Birth		
Name: Home Address:		rth:	
Postal Code:	Phone Number:		
Alberta Health Care #:			
	Mother	Father	Emergency
Name			
Place of Work			
Work Number			
Cell Number			
Medical Information			
Clinic:			
Physician:			
Phone Number: mmunization up to date: Ye			
Allergies/Special conditions/	Regular medication:		
Persons authorized to pick u	p child:		
Emergency Medical Treatm	ent		
In the event of an emergency	y when I am not available, I au		
deemed necessary by my do Care Centre	ctor, or, if unavailable, by any	other physician selected I	by the Director/Designate of (

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 15 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 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.

Consent is given to Discovery Nursery School to	o take my child to the above mentioned offsite activities.
Parent's Signature	
CONSENT TO PHOTOGRAPHY, VIDEO, A	AND/OR RECORDING FOR PUBLIC RELATIONS/MEDIA PURPOSES
	hereby authorize Discovery Nursery School to take or cause to be
taken:	
- still photographs - video recording, with or without sound	
- sound recordings only	
•	
Of	
Name of Child	Relationship
And to use these photographs/recordings for n	ursery school purposes.
I hereby expressly waive any and all claims aga said photographs and/or recordings	inst Discovery Nursery School in any manner whatsoever relating to the
Signature of parent/guardian	
Date	