

Little Explorers Registration 2024

5106 - 48 Avenue ♦ Vegreville, AB ♦ T9C 1L8

2024 REGISTRATION FORM

This form **must** be completed electronically. Please ensure that all information is complete and accurate. Your child will NOT be registered in the program if any information is incomplete on this registration form.

**For rural families, legal land locations must be in the form of 12345 RGE RD 152

CHILD'S INFORMATION

Child's First Name:		
Child's Last Name:		
Preferred Name Child Goes By:		
Date of Birth (Day-Month-Year):		
Primary Phone Number:		
**ALL ADDRESSES MUST INCLUDE THE STREET ADDRESS OR LEGAL LAND LOCATION		
Child's Primary Home Address:		
Mailing Address (If Different Than Home Address):		
Town/City/County:	Province:	Postal Code:

PARENT/GUARDIAN 1 Is child's primary residence with parent/guardian 1 YES NO

First Name:		Last Name:	
Relationship to child:			
Home Phone:		Cell Phone:	Work Phone:
Email Address:			
**ALL ADDRESSES MUST INCLUDE THE STREET ADDRESS OR LEGAL LAND LOCATION			
Address:		Town/City/County:	

PARENT/GUARDIAN 2 Is child's primary residence with parent/guardian 2 YES NO

First Name:		Last Name:	
Relationship to child:			
Home Phone:		Cell Phone:	Work Phone:
Email Address:			
**ALL ADDRESSES MUST INCLUDE THE STREET ADDRESS OR LEGAL LAND LOCATION			
Address:		Town/City/County:	

**If you are the legal guardian, please provide the teacher with documentation IF requested.

EMERGENCY CONTACTS (OTHER THAN PARENTS/GUARDIANS)

****Emergency contacts must be able to reach the preschool within 20 minutes of an emergency call**

EMERGENCY CONTACT 1

First Name(s):		Last Name:	
Relationship:			
Home Phone:		Cell Phone:	Work Phone:
**ALL ADDRESSES MUST INCLUDE THE STREET ADDRESS OR LEGAL LAND LOCATION			
Address:		Town/City/County:	

EMERGENCY CONTACT 2

First Name(s):		Last Name:	
Relationship:			
Home Phone:		Cell Phone:	Work Phone:
**ALL ADDRESSES MUST INCLUDE THE STREET ADDRESS OR LEGAL LAND LOCATION			
Address:		Town/City/County:	

CHILD MAY BE RELEASED TO (OTHER THAN PARENTS/GUARDIANS OR EMERGENCY CONTACTS)

First Name(s):		Last Name:	
Relationship:			
Home Phone:		Cell Phone:	Work Phone:
**ALL ADDRESSES MUST INCLUDE THE STREET ADDRESS OR LEGAL LAND LOCATION			
Address:		Town/City/County:	

First Name(s):		Last Name:	
Relationship:			
Home Phone:		Cell Phone:	Work Phone:
**ALL ADDRESSES MUST INCLUDE THE STREET ADDRESS OR LEGAL LAND LOCATION			
Address:		Town/City/County:	

NOT ALLOWED ACCESS TO YOUR CHILD (Must provide copies of legal documentation if you are placing someone on this list who is a parent or legal guardian of this child. No child will be released to anyone whom is placed on this list).

Last Name:		First Name:	
Relationship to Child:			

Last Name:		First Name:	
Relationship to Child:			

CHILD'S HEALTH INFORMATION

Child's First Name:	Child's Last Name:
Personal Health Number:	
Child's Physician:	Physician's Office Number:

Please describe any existing medical conditions that your child has, as well as any physical conditions you would like to provide that may prevent your child from participating in indoor/outdoor physical activity. Please include information about any vision, hearing, or speech difficulties. As well, any information you feel you need to share with us about your child:

List all medication(s) that your child is taking regularly, and the condition(s) for which it is taken:

MEDICATION	CONDITION

I understand that if an emergency should occur, CALS staff will make every effort to contact me, the parent/guardian(s) or the emergency contacts. Should they be unsuccessful in locating me, I authorize any and all employees of The Community Association for Lasting Success to sign for emergency medical treatment of my child, including transportation by ambulance if deemed necessary. I realize that the cost of the medical transportation and care are my full responsibility and not the responsibility of the Community Association for Lasting Success or its staff.

I also give permission to the attending physician to treat my child for illness or injury as is necessary under these circumstances.

Electronic Signature	Date (Day-Month-Year)

The electronic signature above replaces a handwritten signature on paper and is legally binding.

ALLERGIES

Additional information regarding allergies is available in the Policy and Procedure Manual located at Vegreville Preschool.

Child's First Name:	Child's Last Name:
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Does your child have any known allergies: YES NO

If YES, please complete the rest of the form, if NO, please sign and date the form at the bottom.

Parent/Guardian 1:		
Home Phone:	Cell Phone:	Work Phone:
Parent: Guardian 2:		
Home Phone:	Cell Phone:	Work Phone:

My child is allergic to (please list food, medications, or other):

	Mild:	Moderate:	Severe:
	Mild:	Moderate:	Severe:
	Mild:	Moderate:	Severe:
	Mild:	Moderate:	Severe:
	Mild:	Moderate:	Severe:

I entrust Little Explorers staff to do the following upon an allergic reaction:
(Be specific about steps to take, i.e. step 1, step 2, step 3, etc)

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Please list any other foods not to be given to your child:

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I understand that it is my responsibility to inform the program staff if there are any changes to the above.

Electronic Signature	Date (Day-Month-Year)

The electronic signature above replaces a handwritten signature on paper and is legally binding.

The information collected on these forms is subject to the Freedom of Information and Protection of Privacy Act. The information will be used solely for the purposes of the Little Explorers Program and The Community Association for Lasting Success (CALs).

Permission for Walking Field Trips and Outside Play

All field trips outside of walking distance of 10 blocks will require additional parent/guardian consent that will be handled via a permission sheet. I give CALs staff permission to take my child on neighborhood walks and field trips to facilities (up to 10 blocks) and to play outside on the play structure within the fenced school yard. Two staff members will be in attendance at all times. You will be notified with details when a field trip to a facility within walking distance of 10 blocks will be taking place.

YES NO

Permission to Display Artwork

I give CALs staff permission to display the artwork of my child within the Vegreville Preschool Association building for the purposes of decoration and display.

YES NO

Permission to Photograph

I give Little Explorers staff permission to photograph my child.

YES NO

I give permission that these photographs may be displayed within the Preschool building.

YES NO

I give permission that these photographs may be posted on social media.

YES NO

Permission for Head Lice Check

I give the CALs staff permission to periodically check my child for head lice if necessary.

YES NO

Zero Tolerance

I understand that the Little Explorers program is a family and child environment and any abuse toward staff, children, or partnerships with the Little Explorers program will not be tolerated and will be dealt with in a manner chosen by the Board of Directors.

Electronic Signature	Date (Day-Month-Year)

The electronic signature above replaces a handwritten signature on paper and is legally binding.

PROGRAMS AND FEES

Child's First Name:	Child's Last Name:
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Please mark the date & session boxes of when you would like your child to attend.

Morning = AM

Afternoon = PM

Full day = F/D

July

Mon.	Tues.	Wed.	Thurs.
1 CLOSED	2	3	4
8	9	10	11
15	16	17	18
22	23	24	25
29	30	31	

August

Mon.	Tues.	Wed.	Thurs.
			1
5 CLOSED	6	7 CLOSED	8
12	13	14	15

(Note: No Program on Monday, July 1, August 5, August 7)

Program Fees:

# of half day sessions		X	\$15	=	
# of full day sessions		X	\$45	=	
TOTAL					

Please select a payment option:

E-transfer *preferred

Cash

*Once your registration is received, we will contact for payment & confirmation of registration. Fees must be paid in order to hold spot, no refunds if your child misses a program session.