

# Inspiration Station Preschool

## 2021- 2022 Registration

Class Request MWFam TTHam TWTHpm TTHpm West South

### Child Information

Child's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ M or F  
Last First

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Referred by: \_\_\_\_\_

### Medical Information

Are Immunizations up to date? Yes No

Severe Allergies: Yes No If yes, does your child require an EpiPen? Yes No  
*Policy requires a signed Medication Release Form and an EpiPen be kept at school at all times.*  
Please list allergens:

Other serious medical conditions (please describe): \_\_\_\_\_

### Parent/Guardian Information

*Please note: Due to licensing policies, we cannot accept box numbers as addresses; we must have a land description number to provide in an emergency.*

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address the same as child: Yes No

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

Cell # \_\_\_\_\_ Other# \_\_\_\_\_

E-Mail address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address the same as child: Yes No

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

Cell # \_\_\_\_\_ Other# \_\_\_\_\_

E-Mail address: \_\_\_\_\_

### Emergency Contacts

*Please provide people to be contacted in case of emergency **other than parents**. We cannot accept box numbers as an address we must have a land description number to provide in an emergency.*

Contact Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

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

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

### Alternate Pick Up People

Contact Name: \_\_\_\_\_ Cell # \_\_\_\_\_

Contact Name: \_\_\_\_\_ Cell # \_\_\_\_\_

Contact Name: \_\_\_\_\_ Cell # \_\_\_\_\_

## Background Information

**Has your child been assessed and/or treated by any of the following?**

- Speech Language Pathology       Occupational Therapy       Physical Therapy  
 Psychology       Vision Testing  
 Hearing/ Audiology Early Childhood Development Team       Other (pediatrician, ENT)

Do you have any assessment or therapy reports?      Yes      No

Is your child on a waitlist for any of the above?      Yes      No

If Yes, please explain: \_\_\_\_\_

Has your child attended any other preschools?      Yes      No

If Yes, where?: \_\_\_\_\_

Has your child received Program Unit Funding (PUF)?      Yes      No

If Yes, what agency: \_\_\_\_\_

Is your child potty trained?      Yes      No

Is your child's speech clear?      Yes      No

Do non-family members understand your child?      Yes      No

My child speaks the following languages: \_\_\_\_\_

My child understands the following languages: \_\_\_\_\_

Does your child have any physical or emotional conditions that staff should be aware of?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you concerned about any area of your child's development?      Yes      No

If yes, would you like to speak to a member of our early intervention team?      Yes      No

Additional Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **CHILDCARE LICENSING REGULATION**

*Inspiration Station Preschool is not allowed to have a child in attendance with incomplete registration forms.*

# Consent Form

**CONSENT OF PARTICIPATION:** I hereby give permission for my child to accompany his/her class, under the supervision of a preschool teacher, on outings during the preschool term. This includes outdoor play at the playground.

Signature of Parent/Guardian or Type your Name: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENT'S AUTHORIZATION:** My child has permission to engage in all prescribed Preschool activities. In the event that I cannot be reached in an EMERGENCY, I hereby give permission for my child to be hospitalized/treated as deemed necessary by medical personal.

Signature of Parent/Guardian or Type your Name: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEDGE:** I have read the information sheet and realize what will be required of me as a participating parent. I understand that it is my responsibility to read and abide by the Policies of the Preschool as outlined in the Preschool's Parent Handbook provided on First Day of School. I agree to;

- a) Pay fees promptly,
- b) Give thirty (30) days notice to the registrar before withdrawing my child,
- c) Abide by all school policies.

Signature of Parent/Guardian or Type your Name: \_\_\_\_\_ Date: \_\_\_\_\_

**TRANSPORTATION:** Staff Affiliated with Inspiration Station Preschool are not in any way responsible for the safety of my child while being transported to and from Preschool. Staff of Inspiration Station, Airdrie Foundation 4 Early Intervention and Airdrie Connections 4 Early Intervention are NOT insured to transport children and are NOT approved to transport children.

Signature of Parent/Guardian or Type your Name: \_\_\_\_\_ Date: \_\_\_\_\_

## BEHAVIOUR POLICY:

It is central to the philosophy of the preschool that all staff should be very positive at all times towards the children, towards each other and towards the preschool. Any issues or problems arising with children, other members of staff or parents should be discussed in private with the director of the preschool. The passing of negative comments about parents, other staff or children is not acceptable in any other forum.

Our staff endeavour to implement positive behaviour strategies in order to teach children what behaviour we WANT rather than focusing on the behaviour we do NOT want.

Preschool children often do not have the ability to negotiate and verbally communicate their needs and/or concerns. Staff will endeavor to observe and interpret non-verbal communication and provide appropriate accommodations to support the child's needs.

Please refer to our FULL Behaviour Policy posted in the coat room.

Signature of Parent/Guardian or Type your Name: \_\_\_\_\_ Date: \_\_\_\_\_