

Hanan's Preschool

100-3829 27 St. NE

Calgary, AB

T1Y 5L3

Phone: (403) 714-6031

PRESCHOOL – Class Scheduled Times

Monday- Friday	(Mornings)	08:30 a.m. – 11:30 a.m.
Monday-Friday	(Afternoons)	12:00 p.m. – 03:00 p.m.

Withdrawals

Thirty (30) days written notice must be submitted to the director/license holder.

Registration Information

- **Registrations must be made in person. Parents must sign a form acknowledging that the program (director and staff members) will seek medical help in case of an emergency.**
 - **Perform CPR**
 - **Call 911**
 - **Contact Poison and Drug Information Services**
 - **Contact EMS Foundation Services**
 - **Admit your child to hospitals if needed**
 - **Provide any health related information to paramedics and medical specialists, such as doctors, nurses, health providers, etc...**
- ◆ **All staff members are CPR and First Aid certified and trained to handle emergencies. We have all emergency numbers posted and a full stocked first aid kit. Even with all of the safety precautions in place, accidents are possible. Parents will be notified in the event of an accident. Please be advised that in the event of a serious or life threatening emergency, we will notify emergency personnel first and parents second.**

Registration Date _____

Registration Form

Name of Child: (First Name) _____ (Last Name) _____

Date of Birth: _____

Gender: Male _____ Female _____

Home Address: _____

Home Phone: _____

Parent (1) Name: _____

Home Address: (if different from above) _____

Home Phone: (if different from above) _____

Cell/Work Phone: _____

Parent (2) Name: _____

Home Address: (if different from above) _____

Home Phone: (if different from above) _____

Cell/Work Phone: _____

Is custody and access that the teacher should be aware of? _____

Health & Emergency Information

Emergency Contact

1. Name: _____ Phone: (H) _____ Cell/Work _____

Address: _____

2. Name: _____ Phone: (H) _____ Cell/Work _____

Address: _____

Child's Alberta Health Card Number _____

Does your child have any allergies or dietary restrictions? YES _____ NO

Is your child's immunization up to date? YES _____ NO

Is your child on any continuous medication? YES _____ NO

Please list: _____

If your child has allergies, does he/she require an Epi-pen? YES _____ NO
(*if required it is the parent's responsibility to provide Epi-pen)

Does your child have any special needs? YES _____ NO

If yes, please provide details below

If the answer is yes, please list name of medication(s) below:

Please provide any additional information or suggestions regarding the care of your child that might be helpful to the educator. _____

Are there any health, medical conditions, illness, special needs, disabilities and/or allergies that the staff should be aware of? Please outline details of any special care or attention needed:

Does your child have any specific dietary/cultural requirements? Please provide details:

Any additional information that might help me to get to know your child better: e.g. family & friends, any routines, behaviors, favorite foods, activities, fears, and dislikes:

Does your child have any allergies or dietary restrictions? YES _____ NO

Please list: _____

If your child has allergies, does he/she require an Epi-pen? YES _____ NO
(*if required it is the parent's responsibility to provide Epi-pen)

List any communicable diseases your child has had:

Does your child have any special needs? YES _____ NO _____
Is your child's immunization up to date? YES _____ NO _____
Is your child on any continuous medication? YES _____ NO _____

If the answer is yes, please list name of medication(s) below:

Please provide any additional information or suggestions regarding the care of your child that might be helpful to the educator. _____

Are there any health, medical conditions, illness, special needs, disabilities and/or allergies that should be aware of? Please outline details of any special care or attention needed:

Does your child have any specific dietary/cultural requirements? Please provide details:

Any additional information that might help me to get to know your child better: eg. family & friends, any routines, behavior, favorite foods, activities, fears, and dislikes:

Accident and/or Emergency Treatment

I/We _____ parent/guardian acknowledge that Hanan's Preschool staff will seek appropriate Medical Treatment/Attention (call an ambulance...) for my child _____ in the event of an emergency.

Parent/Guardian Signature: _____ Date: _____

Preschool Director/Assistant Director Signature: _____ Date: _____

Emergency Treatment

In the event of an emergency, _____ (*child's name*) requiring medical treatment, every effort will be made to contact me. If the teacher determines that it is necessary to seek emergency medical treatment, I understand that I will be responsible for any costs incurred (*e.g. ambulance fees*). I also understand that my child will be going on mini excursion and short walks while attending Hanan's Preschool.

Understanding of Parental Responsibilities

I understand that by enrolling my child in Hanan's Preschool that I have read and understood the family handbook and policies

Parent's signature: _____ Date: _____
