

MOTHER NATURE'S PRESCHOOL INC.
ROSS GLEN
FAMILY INFORMATION

CHILDS FULL NAME: _____
CHILDS BIRTHDATE: _____ SEX: M F
CHILDS ADDRESS (include city and postal code): _____

FATHERS NAME: _____	MOTHERS NAME: _____
BIRTHDATE: _____	BIRTHDATE: _____
ADDRESS: _____	ADDRESS: _____
CITY&POSTAL CODE: _____	CITY&POSTAL CODE: _____
HOME PHONE: _____	HOME PHONE: _____
SOCIAL INS. #: _____	SOCIAL INS. #: _____
PLACE OF WORK: _____	PLACE OF WORK: _____
OCCUPATION: _____	OCCUPATION: _____
PARENT EMAIL : _____	PARENT EMAIL: _____
BUSINESS PHONE: _____	BUSINESS PHONE: _____
CELL PHONE: _____	CELL PHONE: _____

CHILD'S HEALTH CARE #: _____
PERMISSION FOR PHOTO: _____

ALLERGIES (Food/Material): _____

SPECIAL NEEDS OR DISABILITIES: _____

FAMILY DOCTOR: _____ DOCTORS PHONE: _____
IS YOUR CHILD'S IMMUNIZATION TO DATE? Yes _____ No _____
IF NO,PLEASE STATE REASON WHY _____

LOCAL EMERGENCY CONTACT PERSON: (Other than Parents, include full address)

NAME: _____ RELATIONSHIP WITH CHILD: _____
ADDRESS: _____
TELEPHONE: _____

AUTHORIZED RELEASE: (Persons to whom the child may be released)

NAME: _____ TELEPHONE: _____

NAME: _____ TELEPHONE: _____

PERSONS TO WHOM THE CHILD MAY NOT BE RELEASED: _____

DATE: _____

DATE: _____

CHILD DEVELOPMENT INFORMATION

CHILD'S NAME: _____
(First) (Middle) (Last)

1. Is your child right handed? _____ Left Handed? _____

2. Is your child toilet trained? _____ Requires Assistance? _____

3. Your child's favorite activities: _____

4. Does your child have any known fears?: _____

5. Special words for articles or wants: _____

6. Parent's method of discipline: _____

7. Food Preferences (Likes and Dislikes, Cultural, Food Sensitivities):

8. Native tongue: _____

9. What is your child's general behavior, disposition, play habits, etc.

10. Previous Early Childhood Programs (Preschool, Daycare, Parent Link):

Additional comments: _____

MEDICAL INFORMATION:

_____ to the best of my knowledge is in good health and free

(Child's Name)

of any communicable diseases. His/her last medical check- up was on _____

The examining physician was_____. Reason for checkup was_____

List below any medical conditions the Preschool should be aware of (Allergies, Asthma, Heart Disorders, Epilepsy, Diabetes, etc.) for the safety of your child.

*****If your child suffers from any medical condition or any other related illnesses, a physician's report may be requested.

To assist us in providing complete care for your child, please list any assessments or services for physical, psychological or behavioral needs that have been received by your child. e.g. C.H.A.D.S. - speech, language, anger management, etc.

(Parent Signature)

(Witness)

(Date)_____

MOTHER NATURE'S PRESCHOOL INC.

PARENT/GUARDIAN CONTRACT

DATE: _____

BETWEEN _____ and MOTHER NATURE'S PRESCHOOL INC. WHEREAS the (Hereafter called the "Parents/Guardian") Preschool and the parents/guardians desire to register their child/children for a Preschool Program. NOW, THEREFORE, THIS PARENT/GUARDIAN CONTRACT WITNESSES THAT:

1. The Preschool agrees that _____ (child's name) may be left in the Mother Nature's Preschool Inc. Program from ____AM/PM to ____AM/PM ____Hours (Each day), Days-_____
2. The parent/guardian agrees that the child will be fully and properly clothed upon arrival at the Program facility.
3. In no case shall a child be abused or allowed to abuse others.
4. The Preschool shall not be liable for any loss of, or damage to, clothing or other effects of the child; nor for any accident, injury, sickness or disease that may occur to any child while attending our Program, while participating in any field trips, tours or other activities as planned and supervised by the personnel in charge.
5. The parents/guardians agree to give permission to have the child participate in various trips, tours or other activities as planned and supervised by the personnel in charge.
6. The parents/guardians agree to pay a fee of \$8.50/hr(19months-5yrs) for a minimum of 3 hours per day promptly in accordance with the Preschool policy.
The preschool reserves the right to exclude the child/children from the program if fees are in arrears. Full time fee covers hours of 8:00AM to 5:00PM. Full time fee is \$825/month (3 & up) and \$875/month (19 months-3yrs). Hourly rate will be charged before and after these hours at \$20.00/hr unless other arrangements are made with the office.
7. Absences: The parents/guardians agree that they will be responsible for the cost of care based on registered care, regardless of attendance.
8. The parents/guardians agree to notify the Preschool of any changes of address, phone number, employer, financial circumstances or any other factor that may have bearing on the child's care or eligibility for this program.
9. The parents/guardians hereby certify and agree that the child is in their lawful custody and there is no other person whose consent is required for the enrolment of the child in the program.
10. The preschool reserves the right to engage emergency medical assistance for any child left in it's care, when such assistance is deemed necessary. The expense of the required assistance is to be borne solely by the parents or guardian of the child.
11. The Preschool reserves the right to cancel this contract at any time with two(2) weeks notice if, in its discretion it is deemed to be in the best interests of the child or the program.
12. The parents/guardians agree to provide two(2) weeks written notice of terminating their use of the Program, If the notice is not provided, the Preschool reserves the right to bill the parents for Two (2) weeks.

Parents/Guardians have read and agreed to the terms and policies outlined in the parent handbook. IN WITNESS WHEREOF of the parties hereto have set their hand and seals on the day and year written above.

PARENT

WITNESS

Health Care and Health Care In The Nature Of First Aide Consent Form

I, _____, the parent/guardian of _____
give consent for the certified staff of Mother Nature's Preschool to administer
health care and health care in the nature of first aide when necessary.

Date: _____

Signature of Parent/Guardian: _____

Peer Role Model Consent Form

I consent for _____ to participate in small groups as a
peer role model. The small groups will be led by the Program Unit Funded
educational assistants, MHSD No. 76 staff and/or MHSD No. 76 contracted
service providers. My child may be removed from the licenced classrooms in order
to support this educational programing. When not accompanied by primary
childcare staff your child will be signed out and back into programming including
the departure and re-entry times on a sign in/out chart within the classroom.

MOTHER NATURE'S PRESCHOOL INC.

CONSENT FOR FIELD TRIPS

I _____ hereby give consent for my child _____ to leave the premises of Mother Nature’s Preschool Inc. on field trip excursions to places of interest planned by the Centre (e.g. Strathcona Park). Staff/child ratios will always be in compliance with Alberta Licensing regulations and parent volunteers are always welcome.

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

RELEASE FORM:

I hereby grant permission to Mother Nature’s Preschool on behalf of my child, _____ to:

- Y__ N__ record, photograph and tape (audio, video, still) my child
- Y__ N__ display image of my child or child’s work on the School Website/social media
- Y__ N__ publicly display any of my child’s works, and reproduce any of my child’s work for non- profit, educational purposes.

I understand the production(s)/work(s) may be shown at educational displays during open house, in-service sessions and other school related activities at school or school sponsored displays in the community. This consent is valid for the school year. In the event that, during the school year, you wish to revoke or change your consent, please advise the director in writing. If you have any questions or concerns regarding the collection, use, and/or disclosure of your child’s personal information please contact the school. I (parent/guardian) hereby consent to the collection, use, and disclosure of ALL personal information listed and similar collection, use, and disclosure of personal information described in the School Activities Consent List.

FULL NAME OF STUDENT: _____

PARENT/GUARDIAN SIGNATURE: _____

RELATIONSHIP: _____ DATE: _____