

Registration Package

Your child will need to be potty trained by the September start date and must turn 3 before the end of October 2021.

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 2-4 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
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: _____
Home Address: _____
Postal Code: _____ Phone Number: _____
Alberta Health Care #: _____

Family Information

Mother

Name: _____
Address: _____
Postal Code: _____ Home Phone Number: _____
Place of Employment : _____
Work Phone Number: _____ Cell Phone Number: _____

Father

Name: _____
Address: _____
Postal Code: _____ Home Phone Number: _____
Place of Employment : _____
Work Phone Number: _____ Cell Phone Number: _____

Siblings

Names and Ages of Siblings

Pets

Please list any pets in your home

Emergency Contact Information (Other than Parents)

Name: _____ Relation: _____
Address: _____
Home Phone Number: _____ Cell Phone Number: _____
Place of Employment: _____
Work Phone Number: _____

Authorized Persons to Whom the Child Can Be Released To

1. _____
2. _____

3. _____

4. _____

Medical Information

Clinic: _____

Physician: _____

Phone Number: _____

If your child has any of the following, please list accordingly:

1. Allergies:

2. Medical Problems

3. Prescribed Daily Medication

Does your child have his/her immunizations up-to-date? Yes____ No____

Other Information

Does your child have previous childcare experience?

What are your child's favourite books? _____

What are your child's favourite activities? _____

Is there any other information about your child that we should be aware of? _____

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 P.M. 12:40-3:00 \$100.00/month _____

Parents Signature: _____

Date: _____

CHILD EMERGENCY MEDICAL INFORMATION FORM

Name: _____ Date of Birth: _____

Home Address: _____

Postal Code: _____ Phone Number: _____

Alberta Health Care #: _____

	Mother	Father	Emergency
Name			
Place of Work			
Work Number			
Cell Number			

Medical Information

Clinic: _____

Physician: _____

Phone Number: _____

Immunization up to date: Yes _____ No _____

Allergies/Special conditions/Regular medication:

Persons authorized to pick up child:

Emergency Medical Treatment

In the event of an emergency when I am not available, I authorize the administration of any medical procedures deemed necessary by my doctor, or, if unavailable, by any other physician selected by the Director/Designate of Child Care Centre

Parent Signature _____ Date _____