

# STUDENT INFORMATION 2019-2020 Foothills Creative Beginnings Preschool

## CHILD'S INFORMATION

Child's Name: \_\_\_\_\_, \_\_\_\_\_ Middle  
 Last First Birth date: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Year/month/day  
 Home Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

## PARENT OR GUARDIAN INFORMATION

Primary Contact Name:	Secondary Contact Name:
Relationship to child:	Relationship to child:
Cell #	Cell #
E-mail:	E-mail
Home Address:	Home Address:
Place of Employment/Name of Company:	Place of Employment/Name of Company:
Address of Employment:	Address of Employment:
Business Phone #:	Business Phone #:

**EMERGENCY CONTACT INFORMATION:** This is a person who could come to pick up your child in the case of illness or emergency if the school is unable to reach the parent.

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Relationship: \_\_\_\_\_

## PERSONS WHO HAVE YOUR PERMISSION TO TAKE / PICK-UP YOUR CHILD FROM PRESCHOOL:

## CHILD'S MEDICAL INFORMATION:

Alberta Health Care # (FOIP) \_\_\_\_\_  
 Allergies or Diet Restrictions: \_\_\_\_\_  
 Medications your child would need in an emergency (epi-pen, inhaler, etc.): \_\_\_\_\_  
 Medications you child takes on a regular basis (insulin, inhaler, etc.) \_\_\_\_\_  
 Any areas of your child's development about which you have concerns: \_\_\_\_\_  
 \*\*\*FCB will not administer medication without written authorization from the legal guardian. A special form is required.

## IMMUNIZATIONS:

Please check the immunizations that your child has received.  
 \*routine immunizations 2mo – 18 mo \_\_\_\_\_ \*routine immunizations 4-6 yrs. \_\_\_\_\_  
 My child's immunizations are up-to-date: sign: \_\_\_\_\_ Date: \_\_\_\_\_  
**OR**  
 My child has not been immunized: sign: \_\_\_\_\_ Date: \_\_\_\_\_

## FAMILY INFORMATION: (for the teacher to better understand your child)

Family Members in household such as parents, grandparents, siblings, nanny, pets, etc.

Language(s) spoken at home:

**SCHOOL POLICIES CONFIRMATION**

I have initialed my agreement with each of these policies which are described in detail in the Parent Handbook.

initial

<b>Student Information and Health form:</b> To attend preschool each child must have a Student Information form on file. All areas must be completed.	
<b>Discipline Policy:</b> Any child disciplinary action taken is reasonable in the circumstances. No form of physical punishment is used. ( see Handbook for details)	
<b>Attendance Records:</b> The attendance book is a legal document that the parent/caregiver must sign "in" on arrival and "out" upon departure.	
<b>Child Release Policy:</b> No child will be released to a person other than a parent without authorization.	
<b>Late Pick-up Policy:</b> If you or an authorized person has not picked up your child within 15 minutes of the end of class, we will call: 1) home phone 2) parents' cells 3) work number(s) 4) emergency contact. After one hour we call social services child protection department.	
<b>Emergency Evacuation Procedure:</b> Should there be a situation where the school must be evacuated the children would be taken to the Boys and Girls Club, 111 – 5 <sup>th</sup> Avenue. The parents would be contacted to pick up their children as soon as possible.	
<b>Outdoor Activities Policy:</b> My child may be taken outdoors for supervised activities and neighborhood walks by FCB staff.	
<b>Illness Policy:</b> If a child exhibits signs or symptoms of illness while at Foothills Creative Beginnings program the parent/guardian or emergency contact will be called to pick up the child immediately (within 2 hours).	
<b>Provision of Health Care:</b> Foothills Creative Beginnings will provide first aid care only unless written consent and direction has been received from the child's parent to provide prescribed medical interventions.	
<b>Class Lists Policy:</b> I give permission for my child's and parent names, addresses, phone numbers to be listed on the class lists which are distributed to class members.	
<b>Photos Policy:</b> I give permission for the staff of FCB to take photos of my child, as documentation of my child's discoveries and achievements and will allow the display of these photos within the classroom areas.	
<b>Withdrawing from preschool Policy:</b> One month's notice is required if a child is to be withdrawn. When children are on holiday or have not attended preschool for any other reason, tuition is payable to reserve the child's place during the absence.	
<b>Parental waiver and release of liability:</b> I, _____ (parent/guardian) give permission for _____ (child) to participate in all activities of Foothills Creative Beginnings between September 5, 2019 and June 27, 2020. I release Foothills Creative Beginnings Preschool and ECS Association and its entire staff from any and all liability, including any injury to my child arising from participation in activities. Date: _____ Signature: _____.	

**EMERGENCY MEDICAL AUTHORIZATION:**

I authorize the staff of Foothills Creative Beginnings to administer first aid as required and to have my child transported by ambulance for medical treatment in an emergency. The parent/guardian would be contacted immediately. Parents are responsible for the cost of any medical assistance such as ambulance.

Date: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

**January 2020 Up date.** I have made corrections as required to the information contained in the Student Information Form.

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**ADMINISTRATIVE AREA**

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