



5236 – 54st Street Rocky Mountain House AB,
 (403) 845-2063
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 Email: immanuellutheranplayschool@gmail.com

CHILD'S INFORMATION:

Child's Full Name: _____
 Date of Birth: _____
 Child's home address: _____ Postal Code _____
 Child's home phone number: _____
 Gender of Child (please circle): **Male** **Female**
 Allergies? If so please list: _____
 Any Medical problems of which we should be aware of: _____

Playschool staff may administer First Aid in case of an emergency: **Yes / No** _____

 Parent/Guardian Signature

PARENT/GUARDIAN INFORMATION

Family email address: _____
 Father's Name: _____
 Father's Phone Number: _____ Cell: _____ Work: _____
 Mother's Name: _____
 Mother's Phone Number: _____ Cell: _____ Work: _____

FAMILY INFORMATION

Brother's and/or sisters: Name	Age	In home with child: Y/N
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list any other persons living with the child and their relationship (if any) to the child:

TIMES AND DAYS OF WEEK

I wish my child to be enrolled: Tues. a.m. Tues. p.m. Thurs. a.m. Thurs. p.m.

PICK UP OF CHILD

Persons who are **UNAUTHORIZED** to pick up the child:

AUTHORIZED EMERGENCY CONTACTS:

Name: _____	Name: _____
Phone: _____ Cell: _____	Phone: _____ Cell: _____

PERSONAL HISTORY

Has your child had a previous group interaction or preschool experience? _____ If so, where and when: _____

What words does your child use for toileting? _____

Does your child have any bowel or bladder irregularities? _____

What is your child's concept of God? _____

Add additional information related to discipline related to discipline, child's communication, comforting habits:

HOW DID YOU HEAR ABOUT IMMANUEL LUTHERAN PLAYSCHOOL?

- Rocky Rec guide Website Friend Other _____

**There is a \$20.00 non-refundable registration fee to hold your child's spot. Please hand in
with registration form**



Student Discipline & Potential Health Risk Policy

DISCIPLINE POLICY:

At Immanuel Lutheran playschool each child is regarded as a special gift from God and is treated with Christian love and respect. We encourage using “words” to express our feelings and when adult intervention is required to assist in a situation that has arisen, the least restrictive alternative will be the first approach that is used. **Any disciplinary action taken will be reasonable in the circumstances.**

If an incident occurs between children, we will find a quiet place, talk over the problem, resolve their differences, and then encourage the children to say, “I’m sorry” and “It’s OK, I forgive you.” We will always suggest first that words be used to express the feelings that the child/children is/are experiencing. If the child/children can express his/her feelings on their own, then the adult will reinforce this expression and may assist the children to work out their difficulty, encouraging problem solving on the part of the children. If the child requires assistance to express their feelings, the adult can offer words to the child (e.g. “Sarah, you look like you’re feeling frustrated or angry right now.”). If encouraging problem solving between the children is not effective, redirection or substitution can then be exercised (e.g. “Sarah, how about if you try building with these blocks instead? Would you like to use red or blue?”).

We believe in natural consequences for behavior, for example, “Tommy, if you are going to hit Sarah’s head with the paintbrush, you may not use the paintbrush.” Positive behavior will receive maximum attention, while negative behavior will receive the minimum intervention required. When a negative behavior persists, parents will be called to hear our concern and to share their insight.

An adult in this program will not use any form of physical punishment, such as hitting or slapping. Children will not be subjected to the use of any form of physical degradation or emotional deprivation such as humiliation or isolation.

When a problem arises, the parent helper should make sure the teacher is aware of the problem.

ONLY the teacher will discipline children.

Together we can develop a strategy to help the child act in a more responsible way.

Signature: _____

Date: _____

Potential Health Risk Policy

An ill child will be defined as a child who:

Is vomiting, has a fever, diarrhea or a new unexplained rash or cough;

Requires greater attention than can be provided without compromising the care of other children in the program;

Displays any other illness or symptom the staff member knows or believes may indicate that a child poses a health risk to the other children, caregivers or staff.

Staff will assess if a child is ill when a staff knows or has reason to believe a child is exhibiting the signs or symptoms of illness as described above.

When a staff member knows or has reason to believe a child is exhibiting the signs or symptoms of illness, the license holder will ensure that the child’s parent arranges for the immediate removal of the ill child from the program’s premises. The child’s parent will be contacted by telephone to make arrangements for the child’s removal. If the child’s parent is not available, the emergency contact persons will be contacted to make arrangements to remove the child from the program’s premises.

A child can return to the program if the child’s parent provides a written notice from a physician indicating that the child does not pose a health risk or if the child is symptom free for at least 24 hours. The child may return to the program if the staff is satisfied that a child no longer poses a health risk to other children, caregivers or staff.

Immanuel Lutheran Playschool will record and document children who are ill. The documenting will include the name of the child, date the child was observed to be ill, name of staff member who identified the child was ill, time the parent was initially contacted, name of staff person who contacted the parent, time the child was removed from the program and the date the child returned to the program.

If a parent fails to arrange for the immediate removal of a child, the program will contact the child’s emergency contact persons as listed on the child’s registration form, to make arrangements for the child’s immediate removal from the program. If the ill child’s removal is delayed the ill child will be kept as far away from other children as possible and the child will be directly supervised by a staff member until the child is removed.

Signature: _____

Date: _____



Freedom of Information and Protection of Privacy (FOIP) Consent Form

Notice of Activities

Under the Freedom of Information and Protection of Privacy (FOIP) Act, the use of personal information of our students in activities conducted by the playschool requires the consent of parents/guardians. Below is a list of activities that we consider a part of normal school community interaction:

- Taking of individual and class photos for the classroom
- Students names, photographs and write ups that are included in the memory books (if one produced)
- Student names that are used for birthday recognition purposes
- Media photographs or videos of classroom activities, where individuals cannot be identified
- Student names that are used on artwork, written material or other items to be displayed in the classroom, within the church or school sponsored displays in the community
- Providing personal information to health authorities for the provision of public health services and communicable disease control
- Phone lists of all students for school related use (parent volunteer schedules, class cancellations etc.)

I have read the Notice of Activities and hereby consent to the collection, use and disclosure of the information listed there on behalf of my child/ward.

Student's Name (Please Print): _____ Date: _____

Parent/Guardian Name (Please Print): _____ Date: _____

Parent/Guardian Signature: _____

Further to the "normal" activities listed above, there may be instances where the playschool and our students are featured in local media i.e. newspaper articles or advertisements for the playschool. This may involve either photographs or videos taken by the teacher or by the media or any other organization where individual students are identified or instances where students are interviewed where the material will be used outside of the school.

Please sign below if you give consent for the collection, use and disclosure of the information for purposes outlined in the paragraph above on behalf of your child/ward.

Parent/Guardian Signature: _____



Portable Emergency Information Record

(All Blanks must be filled in)

Child's Name: _____

Date of Birth: _____

Child's Address: _____

Child's Home Phone Number: _____

Father's Name: _____

Work Phone: _____ Cell (if applicable): _____ Home: _____

Mother's Name: _____

Work Phone: _____ Cell (if applicable): _____ Home: _____

AUTHORIZED EMERGENCY CONTACTS:

1) Name: _____

Phone: _____ Cell: _____

2) Name: _____

Phone: _____ Cell: _____

Health Information:

Allergies: _____

Medications: _____

Instructions: _____

