



2019 PLAY with Big PLANS @ Foothills Alliance School REGISTRATION FORM

Address: 333 Edgepark Blvd. NW, Calgary, AB T3A 4K4

Phone: (403) 547-2193

Website: school.foothillsalliance.com

Email: fapk@foothillsalliance.com

NAME OF CHILD: _____ Male Female
First Middle Last

NAME THEY GO BY: _____

TELEPHONE #: _____ **BIRTH DATE:** _____
Day Month Year

ADDRESS: _____

POSTAL CODE: _____ **EMAIL:** _____

NAME OF PRESCHOOL CURRENTLY REGISTERED IN: _____

DAYS & TIMES YOUR CHILD ATTENDS PRESCHOOL: _____

Please note – your child is only eligible to sign-up for PLAY with Big PLANS classes that do not conflict with their current preschool schedule.

NAME OF BIG PLANS EARLY LEARNING SPECIALIST: _____

I give consent for my Early Learning Specialist to share my child's IPP with the PLAY with Big PLANS teacher (please check one) _____ YES _____ NO

From now through to the end of June, Big PLANS families can sign-up to attend PLAY with Big PLANS @ Foothills Alliance Church Preschool in the North or PLAY with Big PLANS @ Learning Adventures Preschool in the South. Both locations will offer this program Monday – Friday afternoons from 1:00 pm – 3:30 pm. There will be different program options offered throughout the week. Parents can choose which programming option(s) best meet their child's needs. Children can attend all five days if space is available. Programming will target the following:

- Physical and Motor Development (fine motor skills, gross motor skills, and sensory play activities)
- Academic Readiness (colours, numbers, shapes, letters and word recognition)
- Early Language and Speech Development for all learners; including English Language Learners
- Social and Emotional Development (self-regulation, interaction with others, social thinking)
- Parents & Play - every Friday we welcome parents to join the program to learn a variety of parenting strategies that will help their child develop needed skills through play

Families that would like to register or find out more information on PLAY with Big PLANS are encouraged to speak with their Early Learning Specialist or visit

<http://www.bigplans.org/programming.html>

All registration forms must be **fully completed**.

Registration forms only need to be completed one time and must be dropped-off to Foothills Alliance Preschool office during school hours (333 Edgepark Blvd NW, Calgary, AB) location a minimum of 24 hours prior to your child(ren) attending the first class.

FAMILY CONTACT INFORMATION:

Mother OR Guardian	Legal First Name:	Last Name:	Email:
	Name you go by:		
	Home: ()	Home Address:	Cell: ()
	Occupation <i>(for field trip ideas):</i>	Employer:	Work: ()
Father OR Guardian	Legal First Name:	Last Name:	Email:
	Name you go by:		
	Home: ()	Home Address:	Cell: ()
	Occupation <i>(for field trip ideas):</i>	Employer:	Work: ()

EMERGENCY CONTACT INFORMATION *(other than parents):*

NAME: _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

AUTHORIZED PERSON(S) INFORMATION *(other than parents):**To whom your child may be released if parent(s) cannot be contacted*

NAME: _____ PHONE: _____ CELL: _____

NAME: _____ PHONE: _____ CELL: _____

MEDICAL INFORMATION:

**Alberta Health Care Number:	
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FAMILY DOCTOR: _____ PHONE: _____

Does this child have any medical or emotional condition requiring or receiving treatment or supervision?

 No Yes *[If yes, please use additional medical information forms on the last two pages.]*

RELEASE OF LIABILITY: *I hereby consent to the Foothills Alliance Preschool to have care and custody of my child during the times registered, and hereby recognize and acknowledge that Foothills Alliance Preschool will not be responsible for personal injury or loss. In the event that my child requires medical attention and I cannot be located, I hereby consent to Foothills Alliance Preschool contacting the above doctor or administering first aid and calling an ambulance if deemed necessary.*

Parent Signature: _____ Date: _____

OPTIONAL VACCINATION INFORMATION: *Please check one*****

******Vaccination information is for data collection purposes only.***

We have chosen not to disclose

We have chosen not to immunize

Name of Immunization Clinic: _____

Please fill in dates of the following immunizations (or photocopy and attach records):

Pertussis (Whooping Cough)	Diphtheria	Tetanus	Polio	Measles, Mumps, Rubella	Haemophilus Influenza – Type B	Chicken Pox	Meningitis

CHILDHOOD ILLNESSES (ie. measles, chicken pox, mumps, convulsions, whooping cough, head injury, accidental poisoning, bronchitis, ear infection, fractures, etc.)

Please list specific conditions below:

Please list date for each condition:

**ALLERGIES (please provide all specifics):	<input type="checkbox"/> No <input type="checkbox"/> Yes (Please List)
PRESCRIBED MEDICATION (ongoing):	<input type="checkbox"/> No <input type="checkbox"/> Yes (Please List)

FAMILY BACKGROUND:

Has your child attended preschool before? Yes No

If so, where? _____

What language(s) is/are spoken in your home? _____

Does your child understand and speak English? _____

Is your child **completely** toilet-trained? Yes No

Are parents living together? Yes No

If no, who has custody of child during preschool hours? _____

(Please include both parents' home phone numbers if they are different)

Please list any additional information you feel would be helpful for the teacher in meeting your child's needs:

DISCIPLINE POLICY: Foothills Preschool and understands that children are just that -- children -- and occasionally need to be reminded of good behaviour. By establishing guidelines for discipline through communication and cooperation, children will acquire respect for themselves, peers, authority and surroundings.

Discipline problems will be avoided by promoting positive behaviour through re-direction, behaviour modification and prevention, as staff are aware that bored children are likely to become problem children. Any problems are dealt with immediately and in a consistent manner. Continual undesired behaviour may result in a loss of privilege during which discussion occurs between staff and child to solve the problem and encourage the child's participation in the solution. Under no circumstance will the staff inflict or cause to be inflicted any form of physical punishment, verbal or physical degradation or emotional deprivation; deny or threaten to deny any basic necessity, or use or permit the use of any form of physical restraint, confinement or isolation.

I have read and comply with the discipline policy of Foothills Alliance Preschool, as stated above.

Parent Signature: _____ Date: _____

POLICE CLEARANCE: In order to ensure and maintain a safe and secure learning environment for our students, the Foothills Alliance Kindergarten requires all adults to complete a Criminal Record Check. All adults in the classroom will require a valid security clearance **before** they can stay in the classroom with the students. There will be no exceptions.

- Yes, I have a valid Police Clearance (within the last five years) with the Foothills Alliance Preschool and Kindergarten.
- Yes, I have a valid Police Clearance including **VULNERABLE SECTOR** (within the last five years) with another organization or my employer – **PLEASE ATTACH**
- No, I need to complete an Application.

CONSENT TO PUBLISH STUDENT IMAGE: In order to comply with Alberta's Freedom of Information and Protection of Privacy Act and the Copyright Act, Foothills Alliance Preschool and Kindergarten & Big PLANS for Little Kids Ltd. is requesting the consent from parents to post and/or publish student's likeness and name on various public forums.

Child's Name _____

School Name: Foothills Alliance Preschool & Kindergarten and Big PLANS for Little Kids Ltd.

I, _____ (parent or guardian), residing at _____ (address) consent to the use of my child's photograph, video, quote, statement and/or name by Foothills Alliance Preschool & Kindergarten for the purpose of highlighting the school, student and staff work and activities in a variety of public forums for non-profit purposes. Examples of communication vehicles where your child's likeness and name may be used include, but is not limited to: Memory Books, Class DVD, and Classroom Displays. Please note: Once photographs, student names and other identifying information or student work are released in any public forum, Foothills Alliance Preschool & Kindergarten and Big PLANS for Little Kids Ltd. cannot control or prevent the further distribution or use of the material by those who access the information.

Print _____ Sign _____

Name of Parent or Guardian

Signed at Calgary, Alberta, this the _____ day of _____, 20____.

OPTIONAL INFORMATION TO SHARE WITH THE TEACHER:

What are your child's favourite activities?
What are your child's fears?
Child's strengths: Child's weaknesses:
Is your child left-handed or right-handed? ⇨ Right-handed ⇨ Left-handed
How did you hear about the PLAY with Big PLANS program? ⇨ Friend / relative <i>Please specify:</i> _____ ⇨ Website / Advertisement <i>Please specify:</i> _____ ⇨ Other <i>Please specify:</i> _____
Is there an important growth area for your child in this upcoming school year?
Additional information you would like to share:



**COMPLETE ONLY IF
REQUIRED**

Medication Administration Record

(to be completed in ink only)

Child's Name: _____

Medication: _____

Amount To Be Given: _____

Dates To Be Given: start date: _____
finish date: _____ (maximum 2 weeks)

Exact Times to Be Given: _____

Special Instructions: (e.g. to be taken with food)

Medication Given At Home: _____ Time: _____

Date: _____ Signature of Parent/Guardian: _____

To Be Completed By The Staff Member Administering the Medication At The Time It Is Given:

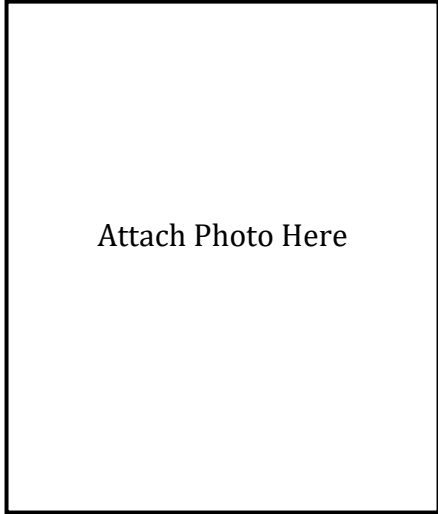
DATE	MEDICATION	DOSAGE	TIME	STAFF SIGNATURE

* This form is to be used when a child is on medication for a longer period to time, or when individual medication records are required



Allergic Reaction/Anaphylaxis Emergency Plan

COMPLETE ONLY IF REQUIRED



Child's Name: _____

Allergy Description – This child has a potentially life-threatening allergy (anaphylaxis) to: (check all appropriate boxes)

- Peanut Tree Nuts Egg Milk
- Insect Stings Latex Other _____
- Medication _____

...and all substances containing them in any form or amount, including (but not limited to) the following items.

Avoidance: The key to preventing an allergy/anaphylactic emergency is **absolute avoidance** of the allergen. Children with food allergies should not share food or eat unmarked/bulk foods or products with a “may contain” warning.

General Precautions: _____

A child having a reaction might have ANY of these signs and symptoms:

- **Skin System:** hives, swelling (especially eyelids, lips face or tongue), itching, warmth, redness, rash
- **Respiratory System** (breathing): coughing, wheezing, shortness of breath, chest pain/tightness, throat tightness, hoarse voice, nasal congestion or hay fever-like symptoms (runny, itchy nose and watery eyes, sneezing), trouble swallowing.
- **Gastrointestinal System** (Stomach): nausea, pain/cramps, vomiting, diarrhea
- **Cardiovascular System** (heart): pale/blue colour, weak pulse, passing out, dizzy/lightheaded, shock
- **Other:** anxiety, feeling of “impending doom”, headache, uterine cramps, metallic taste

Emergency Measures

- Give epinephrine (EpiPen®) at the first sign of a known or suspected anaphylactic reaction – follow directions provided on medication.
- Call 9-1-1 and tell them a child is having a life-threatening allergic reaction.
- Have someone call the child’s parents and a school Administrator (Principal or Administrative Secretary)
- Unless child is resisting, lay child down, tilt head back and elevate legs. Cover and reassure the child.
- Record the time at which EpiPen® was administered.
- Give a second dose of epinephrine in 5 to 15 minutes **IF** the reaction continues or worsens and the ambulance has not arrived.
- Even if symptoms subside, children require medical attention because there may be a delayed reaction. Take the child to the hospital immediately in the ambulance. An Administrator/Teacher must accompany the child to the hospital even if a parent has arrived at the school.
- Provide ambulance and/or hospital with a copy of this form for the student and time at which the EpiPen® or other medication was administered.

I agree that Foothills Alliance Preschool & Kindergarten may post my child’s picture, take Emergency Measures and that this information can be shared, as necessary, with the staff of the school and health care providers.

Date

Parent/Guardian Signature