



2019 PLAY with Big PLANS @ Learning Adventures Preschool

REGISTRATION FORM

Address: Preschool is located on the campus of Calgary Christian School - 2839 49 Street SW, Calgary, AB

Phone: 403.242.2896 ext 358 **Website:** <https://learningadventures.ca>

Please note: ALL information must be completed IN FULL in order to process your application.

Child's Legal Name _____ Male Female
Surname First Name

Child's Preferred Name _____ Birth Date _____
Month/Date/Year

Home Address _____

City/Province _____ Postal Code _____

Home Phone _____ Family Email _____

Alberta Health Care Number _____ Birth Certificate Number _____

Does your child have any medical concerns? No Yes (please detail under "Medical Information")

Mother/Guardian	
Name _____	Employer _____
Address _____ <small>(if different than above)</small>	Bus. Address _____
City/Prov _____ PC _____	City/Prov _____
Phone _____ Cell _____	PC _____ Phone _____
Email _____	Bus. Email _____

Father/Guardian	
Name _____	Employer _____
Address _____ <small>(if different than above)</small>	Bus. Address _____
City/Prov _____ PC _____	City/Prov _____
Phone _____ Cell _____	PC _____ Phone _____
Email _____	Bus. Email _____

Please include the following information for anyone you have authorized to pick up your child. Please include parents and any others as your child/ren will only be released to adults on this approved list.

Name:

Relationship to child:

Phone Number:

Medical Information

Child's Name _____

Family Doctor _____ Phone _____

Emergency Contacts (other than parents):

Name _____ Phone _____

Address _____ Relationship _____

Name _____ Phone _____

Address _____ Relationship _____

Are all immunizations up to date? _____ If no, please explain: _____

Please describe any allergies your child has: _____

Will any medication (ex: Epi Pen) be left in the classroom? _____ If yes, please note details: _____

Please describe any other relevant health information (past or present): _____

Is your child on any medication? _____ If yes, please note details: _____

Does your child have any special needs? _____ If yes, please describe _____

I hereby authorize the staff of Calgary Christian School Preschool to administer emergency care to my child. Except in the case of an emergency, staff will NOT administer medication of any kind.

Mother/Guardian Signature

Date

Father/Guardian Signature

Date

Please note: ALL information must be completed IN FULL in order to process your application.

Family Information Please give the names and relationships of the members of your family and/or extended family living in your home (including the ages of siblings). _____

Which language(s) are spoken in the home? _____

Which language(s) are used by the child? _____

Personal Information and Consent

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The Calgary Society for Christian Education (CSCE) respects your privacy. We protect your personal information and adhere to all legislative requirements in compliance with the Alberta Personal Information Protection Act (PIPA). We do not rent, sell or trade Society information. The information you provide will be used to deliver services and to keep you informed on the activities of Calgary Christian School (CCS) and the CSCE including programs, services, special events, funding needs, opportunities to participate and the like, through periodic contact.

Discipline and Illness Policies

The Learning Adventures Preschool program expects mutual respect and consideration between all parties. The children will be treated with kindness, respect and love and that behaviour will be encouraged between students and staff. Should a problem arise between students, a staff member will try to help guide the children involved into resolving the situation amicably. Our goal is to help children learn to ask and express their wants and needs appropriately. If a child's behaviour is inappropriate, a staff member will speak to the child and explain why their behaviour is not acceptable and then help redirect the child to another activity. We believe in helping children in a loving, gentle way to become more responsible for their actions and decisions.

PLEASE NOTE: When children are ill, it is expected that they will not attend preschool for the well being of both themselves and others. Please cancel your PLAY with Big PLANS booking or contact the preschool school office as early as possible by calling 403/242-2896 ext. 358 if your child will not be attending classes, or if your child has contracted a communicable illness such as chicken pox or measles.

Disclaimer: Acceptance into the Learning Adventures Preschool program does not constitute an obligation or condition for acceptance into future education programs at Calgary Christian School.

I/We agree to the policies and procedures outlined relating to the PLAY with Big PLANS at Learning Adventures/Calgary Christian School Preschool program.

Mother/Guardian Signature _____ Date _____

Father/Guardian Signature _____ Date _____

All registration forms must be **fully completed** and must include:

- a photocopy of the child's birth certificate and
- a photocopy of the child's up-to-date immunization records (if applicable)

Registration forms only need to be completed one time and once completed, must be dropped off to the Calgary Christian ELEMENTARY school main office during school hours (2839 49 Street SW, Calgary, AB) a minimum of 24 hours prior to your child(ren) attending the first class.

Name of preschool currently registered in: _____

Days and Times your child currently 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

How did you hear about PLAY with Big PLANS @ Learning Adventures Preschool? _____

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>

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Calgary Christian School has been educating children since 1963 and offers

classes from Preschool to Grade 12 on two campuses.

Visit our website at www.calgarychristianschool.com for more information on our faith-based programs and philosophy.

The following four pages are only to be completed if child has severe allergy or medical conditions



Calgary Christian School

Calgary Christian School Learning Adventures Pre-School



SEVERE ALLERGY/MEDICAL CONDITION ALERT

The purpose of this collection of information is to respond to potential emergency situations involving your student whom you have identified as having a potentially life-threatening allergy or medical condition. If you have any questions concerning the collection, use or disclosure of this information please contact the school.

STUDENT INFORMATION

Name of Student: _____ AHC#: _____
Address: _____ Date of Birth: _____
Name of Parents/Guardians: _____
Home Phone: _____ Other Phone: _____
Work Phone: _____ Other Phone: _____
Emergency Contact 1: _____ Phone: _____
Emergency Contact 2: _____ Phone: _____
Doctor's Name: _____ Phone: _____

TO BE COMPLETED BY PARENT

(To be posted, following parental consent)

A. ALLERGY

This student has a DANGEROUS, life-threatening allergy to the following:

And all substances containing them in any form or amount, including the following kinds of items:



GENERAL PRECAUTIONS

The key to preventing an emergency is ABSOLUTE AVOIDANCE of these allergens at all times.

B. MEDICAL CONDITION

This student has the following medical condition:

GENERAL PRECAUTIONS: _____

MEDICATION REQUIRED: _____

Type: _____

Dosage: _____

Instructions: _____

I agree that the school may post my child’s picture, administer prescribed medication and/or take the emergency measures required. I acknowledge that this information will be shared, as necessary, with the staff of the school and health care providers.

_____ Date

_____ Parent’s Signature

SYMPTOMS FOLLOWING EXPOSURE TO A PARTICULAR MATERIAL CAN INCLUDE:

- Hives and itchiness on any part of the body
- Nausea, vomiting, diarrhea
- Difficulty breathing or swallowing
- Panic or sense of doom
- Swelling of any body parts, especially eyelids, lips, face or tongue
- Throat tightness or closing
- Coughing, wheezing, or change of voice
- Fainting or loss of consciousness
- Other:

EMERGENCY MEASURES

- Get EpiPen (epinephrine) or other Medication and administer immediately.
- HAVE SOMEONE CALL AN AMBULANCE and advise of need for an Epipen (epinephrine).
- Unless student is resisting, lay student down, tilt head back and elevate leg.
- Cover and reassure student.
- Record the time at which Epipen (epinephrine) was administered.
- Have someone call the parent.
- If the ambulance has not arrived in 10-15 minutes, and breathing difficulties are present, administer a second Epipen (epinephrine).
- Even if symptoms subside, students require medical attention because there may be a delayed reaction - take the student to hospital immediately in the ambulance.
- If possible, have a school staff member accompany the student to the hospital.
- Provide ambulance and/or hospital personnel with a copy of the Severe Allergy Alert Form for the student and the time at which the Epipen (epinephrine) or medication was administered.

CONSENT FOR ADMINISTRATION OF EPI/ANA-KIT

We are writing to request that _____ and _____ be administered to _____ in the event of Anaphylactic medical emergency.

The following are the allergen(s) that must be avoided: _____

as physical contact or ingestion could cause _____

The prior warning symptoms to a reaction are:

1. _____

2. _____

3. _____

4. _____

Our emergency contact list:

Name 1: _____ Phone: _____

Name 2: _____ Phone: _____

Our Family Doctor:

Name: _____ Phone: _____

Parent's Signature

Date

CONSENT FOR ADMINISTRATION OF MEDICINE

We are giving written permission for pre-school staff to give _____

Name of Child

Name of Medication

Note: Medication must be in the original labeled container

Name of Medication: _____

The amount to be administered:

Direction to administer medication according to labeled information:

Time medication should be administered:

The prior warning symptoms to a reaction are:

1. _____
2. _____

Family Emergency Number:

Name

Phone Number

Parent's Signature

Date