

South Calgary Community Preschool

Owned and Operated by South Calgary Community Church

2900 Cedarbrae Drive S.W. Calgary, Alberta T2W 3S9 403.281.6755

Jesus said "Let the children come unto me..." Matthew 19:14

WEBSITE: www.sccpreschool.ca

REGISTRATION FORM

4 Year old 3 day/week AM Program

4 Year old 2 day/week AM Program

3 Year Old 2 day/week AM Program

CHILD'S NAME _____ (legal surname please)

Address _____

Postal Code _____ Telephone _____

Birthday day _____ month _____ year _____ Male _____ Female _____

MOTHER

Name _____

Address/Phone # (if different from child)

Occupation _____

Work phone # _____

Cell phone # _____

Email _____

FATHER

Name _____

Address/Phone# (if different from child)

Occupation _____

Work phone # _____

Cell phone # _____

Email _____

Are there any parental access restrictions?

Yes No If yes, please elaborate

EMERGENCY CONTACT(S) – must be someone other than a parent.

Name _____

Address _____

Phone Number _____

Relationship to child _____

SOCIAL SERVICES REGULATION: South Calgary Community Preschool is not allowed to have a child in attendance with incomplete registration forms. Please indicate N/A to questions that do not pertain to your child.

PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT YOUR CHILD:

1. Fears:

2. Favorite Activities:

3. Any previous experience with a Preschool? Yes No

If yes, where? _____

4. Any previous experience with a Sunday School? Yes No

If yes, where? _____

5. How did you hear about South Calgary Community Preschool?

Friend Family Calgary's Child Magazine Flyer Website Church Sign

Bold Sign Other _____

6. Did anyone refer you to South Calgary Community Preschool? Yes No

Name: _____

Authorized person(s) to whom your child may be released in case parent cannot be contacted:

1. _____ Telephone _____

2. _____ Telephone _____

NOTE: Your child MUST be toilet trained before starting school.

I fully understand that **South Calgary Community Preschool** will take every precaution to ensure the safety of my child(ren), but cannot be held responsible for personal loss or injury.

Parent/Guardian _____

Date _____

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MEDICAL HISTORY FORM

Child's Name: _____ (legal surname please)

Birth date: Day _____ Month _____ Year _____ Male Female

Siblings (Name and Age): _____

Your Child's Alberta Health Care Number: _____

Childhood Illnesses and Immunization:

Are your child's immunizations up to date? Yes Date _____ No

If no, do you choose not to immunize? yes / no

Allergies (please specify):

***If this is a dangerous, life-threatening allergy, a Severe Allergy Alert Form must also be completed by parent or Guardian.**

Hospitalization (date & diagnosis):

Is your child receiving any on-going medications? Yes No If yes, please specify:

Has your child received treatment or supervision for any medical or emotional condition?
Yes No If yes, please explain:

Any other relevant health information about your child (past or present):

Parent/Guardian _____ Date _____

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