

REGISTRATION FORM -2018

1-CHILD'S INFORMATION

Start Day: _____

Last Name: _____ First Name: _____

Birth date (DD-MM-YY): _____

Age at time of registration: _____ Gender: Female ☐ Male ☐

Alberta Health Care #: _____

CHILD'S ADDRESS: _____
(House and Street) (City) (Province) (Postal Code)

Rural Land description if residence is on a Farm: _____

2-FAMILY INFORMATION:

Father's Name: _____ Father's Last Name: _____

Address: (BOX # NOT PERMITTED)

(House and Street) (City) (Province) (Postal Code)

Rural land description if residence is on farm: _____

Home Phone Number: _____

Cell Phone Number: _____

Email: _____

Father's Work Place: _____ Work Phone Number: _____

Mother's Name: _____ Mother's Last Name: _____

Address: (BOX # NOT PERMITTED)

(House and Street) (City) (Province) (Postal Code)

Rural land description if residence in on Farm: _____

Email: _____

REGISTRATION FORM

1215, 3rd Avenue South Lethbridge, AB T1J 0J7 * Phone (403) 524-3436 * Fax (403) 524-3437

Web: www.lethbridgespanishmontessori@shaw.ca * Email: smlcmontessori@gmail.com

2

Home Phone Number: _____

Cell Phone Number: _____

Mother's Work Place: _____ Work Phone Number: _____

Child lives with: Both Parents ☐ Father ☐ Mother ☐ Guardian ☐

Guardian Name (if applicable): _____

Address (BOX # NOT PERMITTED):

(House and Street) (City) (Province) (Postal Code)

Rural Land Description if residence is on Farm: _____

Home Phone Number: _____

Cell Phone Number: _____

Guardian's Work Place: _____ Work Phone Number: _____

3-CHILD'S BACKGROUND

Does your child have any physical difficulties/delays? Yes ☐ No ☐

If yes, please list any known difficulties: _____

If so, has there been any formal assessment done? Yes ☐ No ☐

Does your child have any allergies? (food, animals, etc.): Yes ☐ No ☐

Please list all known allergies: _____

Has your child had any reoccurring medical problem or surgery for anything in the past? Yes ☐ No ☐

Is your child presently on medication? Yes ☐ No ☐

If so, what type?: _____

Doctor's Name: _____ Address: _____

Telephone Number: _____

REGISTRATION FORM

1215, 3rd Avenue South Lethbridge, AB T1J 0J7 * Phone (403) 524-3436 * Fax (403) 524-3437

Web: www.lethbridgespanishmontessori@shaw.ca * Email: smlcmontessori@gmail.com

3

Is your child's immunization record up to date?

Yes ☐ No ☐

Parent's Signature: _____

Does the child have brothers and/or sisters?

Yes ☐ No ☐

If yes, how many? _____

Brothers' Names: _____ Ages: _____

Sisters' Names: _____ Ages: _____

Has your child been separated from you before?

Yes ☐ No ☐

If yes, when did this take place? _____

For how long? _____

Are there currently (or been recently) any family related or personal circumstances that may be affecting your child? (e.g. death, change of address, parental separation/divorce, other stresses)

Does your child like to play with other children?

Yes ☐ No ☐

Describe the role your child takes when playing with other children (e.g. leader, follower)

What type of discipline is used in your home?

Does your child use any special or unique forms of communication to express him/herself? (e.g. sign language, special words, etc.)

What are your expectations of this program? _____

Does your child have any pets? _____

List any fears your child has: _____

REGISTRATION FORM

1215, 3rd Avenue South Lethbridge, AB T1J 0J7 * Phone (403) 524-3436 * Fax (403) 524-3437

Web: www.lethbridgespanishmontessori@shaw.ca * Email: smlcmontessori@gmail.com

4

List any hobbies or special interests that your child has: _____

Is there anything else you think we should know about your child? _____

If applicable, please attach a letter confirming the mild/moderate need of your child. This letter can be obtained from the following sources: Your physician, the Health Unit, Children C.A.R.E. Center, Social Worker, and Speech Therapist.

4-EMERGENCY CONTACT INFORMATION (Essential Information)

(IN THE EVENT WE ARE NOT ABLE TO CONTACT YOU THE FOLLOWING INDIVIDUALS WILL BE CONTACTED REGARDING THE CARE OF YOUR CHILD. THE SMLC WILL RELEASE THE CHILD INTO THEIR CARE IF NECESSARY. **NOTE THAT PERSONS LISTED BELOW WILL BE REQUIRED TO SHOW IDENTIFICATION BEFORE WE RELEASE THE CHILD INTO THEIR CARE**)

A. Alternative Person(s) to contact in case of emergency –and -Authorized Person(s) to Whom Your Child Can Be Released

#1. First Name: _____ Last Name: _____

Address: (BOX # NOT PERMITTED):

(House and Street) (City) (Province) (Postal Code)

Rural land Description if residence is on Farm: _____

Home Phone Number: _____

Cell Phone Number: _____

Work Place: _____ Work Phone Number: _____

Relation to Child: _____

#2. First Name: _____ Last Name: _____

Address: (BOX # NOT PERMITTED):

(House and Street) (City) (Province) (Postal Code)

Rural land Description if residence is on Farm: _____

Home Phone Number: _____

REGISTRATION FORM

1215, 3rd Avenue South Lethbridge, AB T1J 0J7 * Phone (403) 524-3436 * Fax (403) 524-3437

Web: www.lethbridgespanishmontessori@shaw.ca * Email: smlcmontessori@gmail.com

5

Cell Phone Number: _____

Work Place: _____ Work Phone Number: _____

Relation to Child: _____

GENERAL WAIVER

In the event of an emergency or necessary hospital care when I cannot be reached, I give permission for medical procedures deemed necessary by my doctor or any other physician chosen by those involved in the care of my child(ren). I hereby indemnify the Spanish Montessori Learning Centre for any costs in respect to medical services. I understand and agree with the conditions outlined by the Spanish Montessori Learning Centre. I hereby release the Spanish Montessori Learning Centre and its employees for reserving the right to discontinue services for non-compliance of program conditions.

Parent / Guardian signature: _____ Date: _____

CUSTODY/ACCESS

It is important to make your child care provider aware of any issues regarding the custody status of your children on an ongoing basis. Therefore, please attach a copy of a court order / agreement, regarding access to any child being registered in the Spanish Montessori Learning Centre. Please identify any persons **NOT** allowed to contact your child while under our supervision.

Parent / Guardian signature: _____ Date: _____

POLICIES AND PROCEDURES

I have read, and I do understand and consent to the above information. I understand that this consent is valid as long as my child is registered with the Spanish Montessori Learning Centre. I have read, and I understood the policies and procedures from Spanish Montessori Learning centre.

Parent / Guardian signature: _____ Date: _____

I received the Orientation Parents Handbook:

Yes ☐ No ☐ Date: _____ Initial: _____

1215, 3rd Avenue South Lethbridge, AB T1J 0J7 * Phone (403) 524-3436 * Fax (403) 524-3437

Web: www.lethbridgespanishmontessori@shaw.ca * Email: smlcmontessori@gmail.com

6

If your phone number, address or family situation changes throughout the year, please notify the Centre IMMEDIATELY. Thank you.

HERITAGE

Dear Parents,

We Value diversity of culture and family traditions and encourage you to enrich our program with your customs. Together we can help children view their similarities and differences in positive ways and experience a community of diverse learners working together. Please complete the survey below and if return it to school as soon as possible. I will call you to arrange a classroom visit or to ask you to send some cultural materials to school for our play centres.

Your Name: _____ Child's Name: _____

Principle countries of your family's heritage:

1. _____

2. _____

3. _____

Please describe the following:

Any customs that are important to your family: _____

Special foods your family eats:

Eating and cooking utensils you use that are unique to your culture:

Special or traditional clothing you wear: _____

Words or cultural terms your family uses: _____

Which language(s) are spoken in your home: _____

Which holidays specific to you cultural heritage does your family celebrate?:

Name of holiday(s) and date(s) _____

CONSENT FOR USE OF PERSONAL IMAGE AND INFORMATION

Various occasions arise in which Spanish Montessori Learning Centre is asked for permission to photograph and audio/videotape the children. **This form is designed for you to give authorization to the day care to use your child's personal image and personal information in print, audio or video format.** A personal image may include photographs, and audio or video recordings. Personal information may include information such as your child's name and age. If you have any questions about the use of this personal information, please contact Spanish Montessori Learning Centre.

I authorize (do not authorize) Spanish Montessori Learning Centre to use my child's personal image and information in print, audio, or video format as follows:

Yes ☐ No ☐ **Parents of children registered at SMLC.**

- Parents occasionally ask to videotape/photograph their child in the daycare setting and share the tapes with other family members such as grandparents who live at a distance.

Yes ☐ No ☐ **Staff of Spanish Montessori Learning Centre**

- Staff of Spanish Montessori Learning Centre. Videotape/photograph children participating in special events like Halloween in the daycare setting. These images may be shared with other parents.

Yes ☐ No ☐ **Staff of Spanish Montessori Learning Centre**

- Staff also videotape/photograph children for staff development purposes and to assist in program planning.

Yes ☐ No ☐ **Practicum students at Spanish Montessori Learning Centre.**

- In order to help a learning experience for students enrolled in the Lethbridge College Early Childhood Education Program to observe/videotape the activity of children, Spanish Montessori Learning Centre is used for practicum setting.

Yes ☐ No ☐ **Staff of the Lethbridge Herald**

- Staff of the Lethbridge Herald occasionally photographs children in the day care setting and may publish these images in the Herald.

REGISTRATION FORM

1215, 3rd Avenue South Lethbridge, AB T1J 0J7 * Phone (403) 524-3436 * Fax (403) 524-3437

Web: www.lethbridgespanishmontessori@shaw.ca * Email: smlcmontessori@gmail.com

9

I authorize (do not authorize) Spanish Montessori Learning Centre to use my child's personal image and information in print, audio and video format as noted above.

Child's Name: _____

Parent/Guardian Name (please print): _____

Parent Signature

Date