



Box 885 Blackfalds AB, T0M 0J0  
Call Miss Becki (587) 877-7827(STAR)  
Email: [littlestarplayschool@hotmail.com](mailto:littlestarplayschool@hotmail.com)  
[www.littlestarplayschool.com](http://www.littlestarplayschool.com)

### Registration Form

**\$50.00 Cash/Etransfer Non Refundable** Registration Fee Received: Yes\_\_\_ No\_\_\_

Date Received: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

**Program you are registering for:** (please check)

**Pre-K M-W-F** (going to kindergarten next year) AM \_\_\_\_ PM \_\_\_\_

**Preschool T-Th** AM \_\_\_\_ PM \_\_\_\_

**Out of School Stars (IREC)** AM \_\_\_\_ PM \_\_\_\_ **Days of the week needing care: M T W Th F**

**St. Gregory Stars** AM \_\_\_\_ PM \_\_\_\_ **Days of the week needing care: M T W Th F**

**PD days only** \_\_\_\_\_

Child's Full Name: \_\_\_\_\_

Date of Birth: M/D/Y \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Child's Residence: \_\_\_\_\_

Parent/Guardian 1 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Work Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Parent/Guardian 2 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Work Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

#### **Custody:**

If there is a court order regarding custody and access to your child, please provide a copy of the order so the school can comply.

#### **Emergency Contact:**

In the event a child becomes ill or injured while at play school and neither parent/guardian can be reached, or are unable to pick up the child, the following person would be contacted. Emergency contact need to be willing to pick the child up when a parent/guardian cannot.

1. Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Street Address: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

#### **Alternate Drop Off/Pick Up People:**

1. Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Medical Information**

Please be sure to list all of your child's **allergies & reactions**.

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

Any **diagnosis, chronic illness** or other **special needs** staff should be made aware of?

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**First Aid**

I \_\_\_\_\_ give Little Star Play School staff permission to administer first aid to my child in the event of an accident or unforeseen event. I understand all staff is required to have current training in first aid. I also give permission to the above to transport my child in the event of an emergency to the closest hospital or if necessary, to call an ambulance for my child & to share my child's information with emergency personnel.

**Photo Release Parent Permission**

I do \_\_\_\_ I do not \_\_\_\_

Give permission for photos or videos to be taken of my child/children to be used by Little Star Programs for publication in any news media.

I, \_\_\_\_\_ hereby grant Little Star Staff to take my child \_\_\_\_\_ on walks and to the parks within the Blackfalds community over the 20\_\_/\_ season. I understand that walking will be the form of transportation and supervision will be Little Star staff according to the ratio guidelines set by the government licensing standards. I am aware that their whereabouts will be posted on the front door of the program with a contact number and time of return. Staff will have portable records and a first aid kit with them at all times.

I, \_\_\_\_\_ give permission for my child, \_\_\_\_\_, to visit the Blackfalds Library throughout the 20\_\_/\_ season.

All the information on this form is correct and accurate. I am aware that I will be responsible to ensure that Little Star Play School is made aware of any changes to this information.

I have read the appropriate handbook for the program I am registering for which is posted on the website [www.littlestarplayschool.com](http://www.littlestarplayschool.com) under forms and downloads, and accept the responsibility of being aware of and adhering to the policies and procedures implemented:

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_



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### Portable Emergency Records

Child's Name: \_\_\_\_\_  
D.O.B (M/D/Y) \_\_\_\_\_ Age: \_\_\_\_\_  
Child's Address: \_\_\_\_\_

Parent 1 Name: \_\_\_\_\_ Daytime Number: \_\_\_\_\_  
Street Address & Box #: \_\_\_\_\_  
Work number: \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_ Daytime Number: \_\_\_\_\_  
Street Address & Box #: \_\_\_\_\_  
Work number: \_\_\_\_\_

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

#### **Allergy Alert & Reactions:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### **Emergency Contact**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Cell: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

#### **Alternate Pick Up/Drop off People**

1. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
2. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
3. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_