

## REGISTRATION-EMERGENCY FILE School Year 2024-25

1	. Child/Youth Full Legal Name				
	Child's Address:				
2	2. Health Care No.	1	Male	Female	
3	3. Date of Birth (M/D/Y)	Birth certificate requi	red for Alberta Edu	cation and Kindergarten only	
4	l. Mother's Full Name				
j	Home Phone:	Cell:			
-	Mother's Email:				
;	5. Mother's Home Address	P	ostal Code:		
6	5. Father's Full Name				
]	Home Phone:	Cell:			
]	Father's email:				
7	7. Father's Home Address:	1	Postal Code:		
9	9. Alternate Pick-Up a. If someone other than yourself will be picking up your child, please state who that will be:  Name:				
	Relationship to child:				
	Phone #	Cell #			
	b.* Please name anyone who may <u>NOT</u> pick up your child:				
	Name: Relationship to Child:				
	10. Emergency Contact:				
In the case of an emergency, please provide names of 2 people who live nearly and can be contacted and pick-up your child within 30 minutes on your behalf:					
	Name:	Name:			
	Address:	Address:			
	Phone:	Phone:			
	Relationship to child: Relationship to child:				
Program Registration - Please indicate your preference with an X:					
•	☐ Toddler Monday (9:15-2:45)	□Playschool Monday (9:00-2:30)	☐ Jr. Kindergarte	n (Jr.K) Monday (8:45-2:15)	
	☐ Toddler Tuesday (9:15-2:45)	□Playschool Tuesday (9:00-2:30)	☐Jr. K Tuesday (	• • • • • • • • • • • • • • • • • • • •	
	☐ Toddler Wednesday (9:15-2:45)	□Playschool Wednesday (9:00-2:30)	□Jr. K Wednesda		
	☐ Toddler Thursday (9:15-2:45)	☐ Playschool Thursday (9:00-2:30)	☐ Jr. K Thursday	• •	
	☐ Toddler Friday (9:15-2:45)	☐ Playschool Friday (9:00-2:30)	☐ Jr. K Friday (8	· · · · · · · · · · · · · · · · · · ·	
	☐ Toddler Extend Hours (8-9:15 & 2:45-4:30)	☐ Playschool Extend Hours (8-9 & 2:30-4:30)	• •	s Jr. K (8-8:45 & 2:15-4:30)	
	KG Thurs, Fri, alternating Mon (9:00-3:00)	,	☐ ODA Wednesd		
	KG Extend Hours (8-9:00 & 3:00-4:30)	☐ ODA Extended Hours (8-9 & 2:30-4:30)		ig Monday (9:00-2:30)	

\*\*Please note, all children must be potty trained and in underwear, with the exception of our Toddlers and Early Intervention children. \*\* Please note, Toddlers are the only age group to have nap time.

 $Please \ e-transfer \ your \ association \ fee \ of \$25.00 \ to \ \underline{kcs78payments@gmail.com} \ \textbf{Answer to Security question: } kcs1978$ 

You must include in the memo field: 1. Name and Birthdate of child(ren), 2. Program and 3. Day(s) requested.