|  |
| --- |
| **Program**Tuesday/Thursday AM  |
| Child Information (note: this child must be a minimum of three years old and toilet trained)  |
| First Name: | Last Name: |
| Birth Date:  | AB Health # |
| Street Address | City: Postal Code: |
| Home Phone: | Cell Phone: |
| Family Doctor: Phone: Clinic Name: |
| Is this child on daily medication? □Yes □No Does this child have any allergies? □Yes □NoIs this child’s immunization current? □Yes □No Is there any other information we need to know? □Yes □No |
| Primary Contact Relationship to Child □Mother □Father □Other * **Same address as child**
 |
| First Name: | Last Name: |
| Street Address: | City: |
| Postal Code: | Email Address: |
| Home Phone: | Cell Phone: |
| Occupation: | Place of Employment: |
| Does your family have a church home? |
| Secondary Contact Relationship to Child □Mother □Father □Other * **Same address as child**
 |
| First Name: | Last Name: |
| Street Address: | City: |
| Postal Code: | Email Address: |
| Home Phone: | Cell Phone: |
| Occupation: | Place of Employment: |
| Emergency Contact Other than Parent Relationship to Child  |
| First Name: | Last Name: |
| Street Address: | City: |
| Home Phone: | Cell Phone: |
| People NOT to Pick up Child |
| Full Name  | Relationship to Child |
| For Office Use  |
| Registration Fee Paid? Y ☐ N☐ |
| **Additional Medical Information** **(Please fill in applicable areas if your child has allergies, daily medications, or any other medical conditions /pertinent health related information King’s Kids Playschool should know.)** |
| **Allergy Information** |
| Type of allergy  | Medication needed for this allergy |
| **a)** |  |
| **b)** |  |
| **c)** |  |
| **d)** |  |
| **e)** |  |
|  |  |
|  |  |
| \*Emergency medications such as an Epi-pen© must be kept in a locked but readily accessible cupboard in the Playschool. Please provide the school with your child’s emergency medication. This will also travel with them during field trips. |
| **Daily Medication Information** |
| Daily Medication (name, dose, route such as inhaler or oral liquid, frequency) | Reason for Medication |
| **a)** |  |
| **b)** |  |
| **c)** |  |
| **d)** |  |
| **e)** |  |
| \*A medication administration record will be used to track any medications given to your child. |
| **Medical Conditions or Health Related Information** |
| Please describe any other medical condition(s) or health related information as needed here |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

**KING’S KIDS PLAYSCHOOL DISCIPLINE POLICY**

Policy Communication: The Discipline Policy at King’s Kids Playschool is printed in the Parent Handbook, which each family receives before the start of school. Every parent is asked to sign a copy of our Discipline Policy stating that they are familiar with it. Any other adults working in the classroom, such as a special needs aide, will be given a copy of our discipline policy. Children are aware of the methods of discipline by being a part of the classroom. The children learn what acceptable behavior is by being encouraged to use their words to express their difficulties and feelings to each other with assistance from the teacher. Showing respect and concern for others is discussed during circle time as well.

Administering Discipline: At King’s Kids Playschool each child is regarded as a special gift from God and is treated with Christian love and respect. We encourage using “words” to express our feelings. When adult intervention is required to assist in a situation that has arisen, the least restrictive alternative will be the first approach that will be used. Any child disciplinary action taken will be reasonable in the circumstances.

If an incident occurs between children, we will talk over the problem, resolve their differences and then encourage the children to say, “I’m sorry” and “I forgive you”. We will always suggest that words be used to express the feelings that the child/children is/are experiencing first. If the child/children can express his/her feelings on their own, then the adult will reinforce this expression and may assist the children to work out their difficulty, encouraging problem solving on the part of the children. If the child requires assistance to express their feeling, the adult can offer words to the child (e.g. “Sarah, you look like your feeling frustrated or angry right now”). If encouraging problem solving between the children is not effective redirection or substitution can then be exercised (e.g. “Sarah, how about if you try building with these blocks instead? Would you like to use red or blue?”).

We believe in natural consequences for behavior, example, “Tommy, if you are going to hit Sarah’s head with the paintbrush, you may not use the paintbrush.” Positive behavior will receive maximum attention, while negative behavior will receive minimum intervention required. When a negative behavior persists, parents will be called to hear our concern and to share their insight. Together we can develop a strategy to help the child act in a more responsible way. When a problem arises the parent helper should make sure the teacher is aware of the problem. ONLY the teacher will discipline children.

An adult in this program will not use any form of physical punishment, such as hitting or slapping. Children will not be subjected to the use of any form of physical degradation or emotional deprivation such has humiliation or isolation. Never will a child be denied (or threatened to deny) any basic necessity. The use of any form of physical restraint, confinement or isolation of a child will not be permitted.

**KING’S KIDS CONFIDENTIALITY POLICY**

Because we are given the privilege of working with little people who are being newly exposed to social settings and interactions, students, substitute teachers, and all volunteers are expected to keep confidential all interactions amongst the children that are observed. Any child interactions observed, e.g. listening ears not being used, gentle hands or words not being used, etc. or any behaviors displayed by children that may be of concern can be shared with preschool teacher who will then share this information with the appropriate guardian so that strategies that are in the best interests of the child may be developed and implemented.

**\*Please Note**: Freedom of Information and Protection of Personal Privacy (FOIPP) Act consent forms and email consent forms will be explained and consent will be requested during your scheduled playschool visit just prior to the start of classes.

**PLAYSCHOOL CHILD MEDICAL CARE WAIVER**

As the parent of the child registered on the previous page of this registration form, I, undersigned hereby give the King’s Kids Playschool staff, my permission to administer or obtain any emergency first aid care that may be necessary in the event of injury or illness to the child named on this form. I also hereby agree to indemnify and save harmless King’s Kids Playschool, teachers and Mount Calvary Lutheran Church employees from and against all claims, costs, actions, suits or proceeding arising out of the participation of the named child.

 **I understand that by signing this registration form, I have read and understand the King’s Kids Playschool Discipline Policy and Child Confidentiality Policy.**

 **I understand that by signing this registration form, I am giving consent to the playschool staff to provide first aid and health care to this child.**

**Printed Name Signature**

**Date Print Child’s Name**

**Please check the appropriate box below if you would like to add your e-mail address to your contact information for the use of other parents in your class.**

☐ Yes, please add my e-mail address to the contact information sheet.

☐ No, please **do not** add my e-mail address to the contact information sheet.