

BETHLEHEM LUTHERAN CHURCH PRESCHOOL

4638 – 117 Avenue Edmonton, Alberta T5W 0Y8 Phone: 780 477 - 2894

Website: bethlehemchurch.ca Email: preschool@bethlehemchurch.ca

REGISTRATION FORM

Child's Name: _____ Birth Date: _____

Child's Address: _____ Postal Code: _____

Baptized: _____ yes _____ no Baptism Date: _____

Mother's Name: _____ Father's Name: _____

Home Phone Number: _____ Home Phone Number: _____

Cell Number: _____ Cell Number: _____

Home Address: _____ Home Address: _____

Postal Code: _____ Postal Code: _____

E-mail address: _____ E-mail address: _____

Work Phone Number: _____ Work Phone Number: _____

Work Address: _____ Work Address: _____

Mother's Church: _____ Father's Church: _____

Affiliation: _____ Affiliation: _____

EMERGENCY CONTACT TO WHOM THE CHILD CAN BE RELEASED (other than parents):

Name: _____ Name: _____

Phone Number: _____ Phone Number: _____

Home Address: _____ Home Address: _____

Postal Code: _____ Postal Code: _____

PERSONS AUTHORIZED TO PICK UP YOUR CHILD FROM PRESCHOOL:

Name: _____ Name: _____

Phone Number: _____ Phone Number: _____

OTHER HEALTH INFORMATION:

Allergies: _____

Dietary Restrictions: _____

Is your child on daily on-going medication? _____ yes _____ no

PARENT NAME: _____ **DATE:** _____

(please print)

PARENT SIGNATURE: _____

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HEALTH RECORD

Has your child ever attended an **immunization clinic**? _____ yes _____ no

Name of last **clinic** attended: _____ Date: _____

Is your child's immunization up to date? _____ yes _____ no

Please give information regarding your preschool child:

Allergies: _____

Dietary restrictions: _____

Special health needs your child has: _____

Special medical instructions: _____

Serious illness or operations: _____

Childhood diseases: _____

Does your child have a tendency to wander away from home? _____ yes _____ no

From other places? _____ yes _____ no

Special needs and fears: _____

Custody and access information: _____

Special interests your child has: _____

Names and ages of siblings: _____

Other information that would be relevant in caring for your child: _____

List ways you hope your child will benefit from our program: _____

Parent Name: _____ (please print)

Parent Signature: _____

Date: _____

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PERMISSION TO DISPLAY PICTURES AND VIDEO CLIPS

During the **2023/ 2024** school year, I give permission for **photographs and /or video clips** of

my child _____ to be displayed:

(name of child)

_____ in the classroom and church foyer.

_____ in memory books the children may take home.

_____ on posters, brochures, and Powerpoint and video presentations advertising Bethlehem Preschool.

_____ on the website of Bethlehem Lutheran Church.

_____ in private photos and video clips taken by other preschool parents.

In addition:

_____ I give permission to have pictures and short videos of my child and his/her classmates emailed to me. Email address to send pictures and videos to:

Names of children will **not** be mentioned in emails, on advertising, on the preschool website, or on social media. **Parents will be asked for formal consent** before any pictures of their child(ren) are posted in a print publication, in advertising, on social media, or on the preschool website.

Parent Name: (Please print) _____

Parent Signature: _____ **Date :** _____

PARENT/GAURDIAN INFORMATION

Please check off which **information** you give permission to be placed on the **2023/ 2024 class list** which can be accessed by other preschool parents. **Class lists are NOT to be used for soliciting.**

_____ Name of preschool child _____ Name of parents/guardians

_____ Home phone number OR other: _____
(specify cell number or work number)

_____ Email address: _____

Parent Name: _____ **Parent Signature:** _____

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Child's Name: _____ Birthday: _____

Parent's Name: _____ Phone Number: _____

Address: _____ Postal Code: _____

Email Address: _____

Class Selection (2023 – 2024 School Term)

No parent helper days, committee meetings or janitorial work is required.

Note:

These prices represent a \$75.00 per month grant from the Government Of Alberta already deducted from fees. Additional subsidy is available for qualifying families. Visit Alberta Childcare Subsidy:

<https://www.alberta.ca/child-care-subsidy.aspx> for information.

Two mornings per week:

_____ **Tues./Thurs. a.m.** (9:00 – 11:30 a.m.) \$64.00 per month

_____ **Mon./Wed. a.m. class** (9:00 – 11:30 a.m.) \$64.00 per month

Three mornings per week:

_____ **Mon./Wed./Thurs a.m. class** (9:00 – 11:30 a.m.) \$100.00 per month

_____ **Mon./Tues./Thurs a.m. class** (9:00 – 11:30 a.m.) \$100.00 per month

Four mornings per week:

_____ **Mon./Tues./Wed./Thurs. a.m. class** (9:00 – 11:30 a.m.) \$135.00 per month

Preferred payment is by monthly **post-dated cheques, payable to Bethlehem Lutheran Church.**

BETHLEHEM LUTHERAN CHURCH PRESCHOOL
(2023-2024)

PERMISSION AND WAIVER FORM

Name of child: _____

I recognize that even though the staff of Bethlehem Preschool has first aid training, they have no medical training and are neither a doctor or a nurse. I give staff members at Bethlehem Preschool permission to arrange for emergency medical attention to be given during preschool hours if deemed necessary. If an ambulance or other emergency service is required, it is at the parent's expense.

I understand that in placing my child at Bethlehem Preschool there are certain risks. Although reasonable supervision is provided, I understand that it is not possible to prevent the possibility of accidental incidents. I will not hold Bethlehem Preschool staff and volunteers responsible should an incident occur.

I will provide staff with a current list of known drugs, foods, and other substances that my child is allergic to. I grant Bethlehem Preschool staff members permission to administer medical treatment in the case of an allergic emergency (ie.an Epi-pen.) I will provide the required information in the original container, and include detailed instructions on how the drug is to be administered to my child.

I give permission to the staff and volunteers of Bethlehem Preschool to take my child on supervised neighborhood walks to landmarks and neighborhood parks within a six-block radius from the classroom during preschool hours.

I agree to promptly provide you with any change of address, phone number, employment number, or emergency contact numbers.

Name of Parent(s)/Guardian(s): _____

(please print)

Date: _____

Parent/Guardian Signature:* _____

**When only one parent/guardian signs this form, the signing parent confirms that he/she has been authorized by the other parent/guardian to sign this form on his/her behalf, and that Bethlehem Lutheran Church Preschool is authorized to accept the choices made by the undersigned as being the consent Details of both parents/guardians.*