



Winfield Pre-Kindergarten Program Registration Form (2025-2026)

Child's Full Name: _____
(First) (Middle) (Last)

Child's Date of Birth: _____ (yyyy/mm/dd) Gender M _____ F _____

Address: _____ Town _____

Province: _____ Postal Code _____ Primary Phone: _____

Child Resides With: _____

Parent/Guardian Name: (First/Last) _____

Address: _____ Town _____ Province _____

Postal Code: _____ E-mail Address: _____

Legal Land Location: _____

Home Phone: _____ Cell: _____ Work Phone: _____

Relationship to Child: _____

Parent/Guardian Name: (First/Last) _____

Address: _____ Town _____ Province _____

Postal Code: _____ E-mail Address: _____

Legal Land Location: _____

Home Phone: _____ Cell: _____ Work Phone: _____

Relationship to Child: _____

Parents are: ___ Married ___ Living Together ___ Divorced ___ Separated ___ Widowed

Primary Residence: Both / Mother / Father/ Guardian Other (Please Specify) _____

Parent/Guardian with Legal Custody: _____

May the Non-Custodial Parent pick up the child? Yes No

****Please note that your child WILL ONLY be released to those individuals who are listed on this registration form as legal parents or guardians of the child and who are listed below.**

Alternate Emergency Contact (Primary):

Name: (First/Last) _____ Relationship to Child: _____

Address: _____

Legal Land Address: _____

Home Phone: _____ Cell: _____ Work: _____

Alternate Emergency Contact (Secondary):

Name: (First/Last) _____ Relationship to Child: _____

Address: _____

Legal Land Address: _____

Home Phone: _____ Cell: _____ Work: _____

***Please specify who may pick up my child from school**

Medical and Health Information:

Alberta Health Care Number: _____ Are immunizations up to date? Yes No
Family Physician: _____ Physician Number: _____

Does your child have any allergies? YES NO

If yes, please describe?

If in the event your child has an allergic reaction, please provide details of their medical treatment?

Does your child have a diagnosed medical condition?

Does your child take medication for their medical condition: Yes No

Please specify name of medication/dosage/how medication is to be administered/and when medication is to be administered (Please provide information sheet about medication. This information will be kept in your child's file)

Diet Restrictions: Yes No

Please describe: _____

Does your child have special needs or learning issues that you may be aware of?

Please indicate if there are any other health concerns or any other concerns we should be made aware of.

Which behaviors best describe your child when they are feeling upset?

Cries easily

Has temper tantrums

Hits

Withdraws

Kicks

Other: _____

Bites

Does your child experience difficulties with speech: Yes No

Comments

**Winfield Pre-Kindergarten Preschool Program
Consent Form
(To be completed by Parent or Legal Guardian Only)**

Child's Name: _____ **Date of Birth** _____
(YYYY/MM/DD)

1. Agreement with Winfield Pre-Kindergarten Preschool Program

I have received and read a copy of the Winfield Pre-Kindergarten Parent Guide Book. I understand the policies and procedures of the Winfield Pre-Kindergarten Program. I consent to my child attending the preschool under the terms and conditions of these policies and I agree to abide by the terms of these policies. I understand the Winfield Pre-Kindergarten Guide Book will be updated from time to time.

Parent/Legal Guardian

Name: _____ Signature: _____

Date: _____

2. Volunteering

I understand I am required to participate in fundraising activities and to help out in the classroom and on planned outings. I understand that if in the event I am unable to come in on my designated day to help out I am responsible for making arrangements to have someone fill in for me. (Contact list provided) I am responsible for notifying the teacher in a timely manner if I am unable to come in on my designated day. I understand it is my responsibility to notify the teacher of who I have arranged to come in to help out for that particular day. I understand that if in the event there is NOT a parent helper available to help out the preschool will have to cancel classes for that particular day. I understand I am responsible for covering the fees for the day the class has been cancelled.

Parent/Legal Guardian

Name: _____ Signature: _____

Date: _____

3. Registration

I am responsible for ensuring that all information provided is current and up-to date. If there are any changes that need to be made I will notify the teacher immediately. I am responsible for ensuring that all forms are complete. I am responsible for ensuring that all documentation required is provided to the teacher in a timely manner.

Parent/Legal Guardian

Name: _____ Signature: _____

Date: _____

4. Consent to Medical Treatment

I understand, agree, and consent that in the event of an emergency, the teacher will administer basic first aid to my child. If medical treatment is required, the teacher will call 911, as well as parents/legal guardian or emergency contacts. If in the event I cannot be reached in an Emergency, I hereby give consent for child to be hospitalized/treated as deemed necessary by medical personal.

Parent/Legal Guardian

Name: _____ Signature: _____

Date: _____

5. Outdoor Activities and Field Trip Consent

I hereby give consent for my child to be escorted, under supervision of Winfield Pre-Kindergarten Staff, off of the Preschool premises for regular scheduled activities Such as walks, outdoor play activities and field trips within walking distance of the Preschool. I further understand that my child will be participating in field trips involving longer distances and requiring transportation by parents, and that notice will be given of time, date and destination. A special consent for will also be required to authorize my child to participate in these field trips.

Parent/Legal Guardian

Name: _____ Signature: _____

Date: _____

6. Consent to release of Personal Information

I hereby give permission for Winfield Pre-Kindergarten Preschool Program to take picture's of my child. I understand these pictures may be displayed in a newspaper or on the bulletin board within the school. I also give permission for my email address(s) and phone number(s) listed below to be placed on the contact list distributed to all parents.

Email address(s) _____

Phone Number(s) _____

Parent/Legal Guardian

Name: _____ Signature: _____

Date: _____
