

# Cookie Jar Preschool

## Child Registration Form

**\*\* All information contained in this application will be kept strictly confidential\*\***

<b>Child Information</b>		
<b>Child's Full Name:</b>		
<b>Gender: (please circle)</b> M      F		
<b>Date of Birth:</b>		<b>Age:</b>
<b>AB Health Care #:</b>		
<b>Street/Rural Address (Blue sign):</b>		
<b>Home Phone #:</b>		
<b>Postal Code:</b>		
<b>Mailing Address: Same ( ) or:</b>		
<b>Distance from Cookie Jar:</b>		<b>KM</b>

<b>Contact Information</b>	
<b>Mother/Female Guardian Name:</b>	<b>Father/Male Guardian Name:</b>
<b>Mother Address:</b>	<b>Father Address:</b>
<b>Mother Home Phone #:</b>	<b>Father Home Phone #:</b>
<b>Mother Cell Phone #:</b>	<b>Father Cell Phone #:</b>
<b>Mother Work Phone #:</b>	<b>Father Work Phone #:</b>
<b>Mother Employer:</b>	<b>Father Employer:</b>

**Parents Email Address:** \_\_\_\_\_

**If parents are divorced or separated, child lives primarily with:**

**\*If you require more space for additional female or male guardians, please attach a sheet to this form.**

## Program Request

Please list your preferences of class enrolment. Please note that every effort will be made to have your child attend the class you prefer. In the event the class you prefer is full, your name will be placed on a waiting list for that class and your child will be enrolled in your next preference of class. You will be informed by phone if this occurs.

**Tuesday/Thursday AM (9am-12pm)** This is a twice a week program best suited for 4-year-olds.

**Monday/ Wednesday AM (9am-12pm)** – This twice-a-week program is best suited for 3-year-olds.

**Monday AM (9am-12pm)- 3-year-olds ONLY**

**Wednesday AM (9am-12pm)- 3-year-olds ONLY**

### Emergency Contact Person

(People who can be contacted during program hours if parents cannot be reached)

Name:	Name:
Relationship:	Relationship:
Street/Rural Address (Blue sign):	Street/Rural Address (Blue sign):
Home Phone Number:	Home Phone Number:
Work or Cell Phone Number:	Work or Cell Phone Number:

### People Allowed to Pick Up Your Child from Cookie Jar Preschool (Include the names of parents) \*PICK UP PERSON MUST PRESENT ID\*

Note: The Cookie Jar Preschool staff will not release your child to anyone who is not listed above unless you send a written consent with the person. Please phone Cookie Jar Preschool and notify teachers if this is going to occur.


### Personal Information

Has your child had any previous experience with preschool? If yes, where and for how long?

Does your child have any fears that you are aware of? Any other play groups experience (Day Care, Family Day Home, Library Group etc.)?

How would you describe your child's personality? Any brothers or sisters? Please include their names and ages:

Is there anything else you can think of that would help us to know and understand your child better? What are your child's favorite activities?

If anyone in your household has a skill (sewing, woodworking, painting, baking, guitar playing, etc.) that we may call upon at sometime during the year please make note of it here.

### Health Information:

Are your child's immunizations up-to-date as of this application? Please circle: YES NO

Physicians Name: (if "attending", please list last local Doctor visited) and phone number:

Please check if your child has had

Chicken Pox <input type="checkbox"/>	Scarlet Fever <input type="checkbox"/>
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Whooping Cough <input type="checkbox"/>	Measles <input type="checkbox"/>
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Mumps <input type="checkbox"/>	Hepatitis <input type="checkbox"/>
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Other (Please describe)

Please check if your child has frequent

Stomach Pains <input type="checkbox"/>	Vomiting <input type="checkbox"/>	Asthma <input type="checkbox"/>
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Eczema <input type="checkbox"/>	Other (Please describe)
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Has your child had any serious accidents or operations? If so (Please describe)

Is your child fully potty trained?  YES  NO

Is your child allergic to anything (drugs, food, environmental factors)? Please describe:

Please check how this allergy manifests itself?

Hives <input type="checkbox"/>	Asthma <input type="checkbox"/>
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Hay Fever <input type="checkbox"/>	Other (Please describe)
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Does your child have any special needs (Physical Social emotional intellectual or behavioural) relevant to their care in an educational setting? Please explain:

## Consent/Permission

**Please read each point below and sign the bottom of the page. Please contact the teachers or the registrar, should you have any questions or concerns.**

**I agree to allow my child \_\_\_\_\_ to have his/her picture taken and/or recorded by video camera or other recording technology for the expressed use of the Cookie Jar Preschool (including social media; face book and web page). I also agree to have our names and phone number included on a parent phone list sheet for the purpose of informing parents when classes are cancelled etc.**

**I give Cookie Jar Preschool Personnel permission to call for Emergency Medical attention and/or transportation in the case of a serious injury, accident or medical emergency involving my child. I understand that I will be liable for all costs incurred as a result of this medical emergency or serious injury.**

**If I choose to allow my child to participate and be involved in any field trips organized by Cookie Jar Preschool staff, I release the Cookie Jar Preschool from any liability incurred as a result of my child's or my own involvement in this activity. I acknowledge that I am responsible for the transportation of my child to and from ALL field trips.**

**I agree to pay all tuition fees for the 2026/2027 school year in advance by post dated cheques dated the first of the month in which they are due or via e-transfer on the 1<sup>st</sup> of the month. I understand that if my fees are determined to be in arrears and I have not made any effort to remedy this financial situation in a timely manner as determined by the Cookie Jar Preschool Board, my child will be withdrawn from the program immediately.**

**I agree to pay any service charges or levies incurred by Cookie Jar Preschool as a result of my cheque being returned to the centre as N.S.F. I understand that I must rectify the N.S.F. cheque and any service charges incurred by cash within one week of my being notified of this matter. I agree that failure to rectify this situation in a timely manner (one week) unless other arrangements have been made with Cookie Jar Preschool Board will result in my child's withdrawal from the program.**

**I agree that the information I provided on these registration forms is accurate to the best of my knowledge. I agree to have pictures of my child used for the expressed use of Cookie Jar Preschool**

**Facebook**

**Web Page**

**Parent/Guardian Signature:**

**Date:**

**Application date: \_\_\_\_\_ Complete admission date: \_\_\_\_\_**

**Start date: \_\_\_\_\_ End date: \_\_\_\_\_**

**PORTABLE EMER-  
GENCY  
CONTACT  
CARD**

Full Name: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
Class: \_\_\_\_\_  
DOB: \_\_\_\_\_ AHC: \_\_\_\_\_  
FAMILY DOCTOR: \_\_\_\_\_  
CLINIC ADDRESS: \_\_\_\_\_  
ALLERGIES: \_\_\_\_\_  
MEDICAL CONCERNS: \_\_\_\_\_  
MEDICATIONS/HEALTH CONCERNS \_\_\_\_\_

IMMUNIZATIONS UP TO DATE:

\_\_\_\_ YES      \_\_\_\_ NO

HOSPITAL: 403-845-3347 CLINIC 403-845-2815 COMMUNITY HEALTH: 403-845-3030

<b>Parent/Guardian Name</b>	
Physical Address	
Cell	
Work	
Home	
<b>Parent/Guardian Name</b>	
Physical Address	
Cell	
Work	
Home	
<b>#1 Emergency Contact Name</b>	
Physical Address	
Cell	
Work	
Home	
<b># 2 Emergency Contact Name</b>	
Physical Address	
Cell	
Work	
Home	
<b>PARENT/GUARDIAN SIGNATURE</b>	
<b>ADDITIONAL INFO</b>	

**Please list persons whom your child may be released to in case of emergency. NOTE:  
These persons must be local in order to attend promptly. List BLUE SIGN if rural ad-  
dress is provided.**

**\*FORM MUST BE COMPLETED IN FULL AND RETURNED PRIOR TO CHILD ATTEND-  
ING CLASS AS PER LICENSING! \***



**Cookie Jar Preschool  
4604 49 Ave,  
Rocky Mountain House, AB  
T4T 1E1  
403-845-7600**

### **MEDICATION CONSENT FORM AND RECORD SHEET**

Name of child: \_\_\_\_\_ AHC: \_\_\_\_\_

Date: \_\_\_\_\_ Class: \_\_\_\_\_

**I: To be completed by child's parent or guardian.**

I, \_\_\_\_\_ [parent or guardian's name], give permis-  
sion for \_\_\_\_\_ [child's name] to be given the follow-  
ing medication by Cookie Jar Preschool staff according to instructions stated below.

Parent/guardian's signature:

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Name of medication:

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Amount(s) to be given:

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Dates(s) to be given [at child care]:

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Time(s) to be given:

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### Special instructions:

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### **Storage Instructions:**

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Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

My child received \_\_\_\_\_ [number of doses] at home.

Are there any possible side effects from the medication? Please specify:

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**Stop medication if the following reaction(s) is observed:**

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**II: To be completed by preschool staff when the medication is given**

**STUDENT:** \_\_\_\_\_

COMMENTS:

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**FORMAL REQUEST TO CHANGE REGISTRATION**

I, \_\_\_\_\_, (name of parent/guardian) am formally requesting to (check which applies):

- Withdraw
- Amend enrollment to the following class times:
  - Tuesday AM 9am-12pm
  - Wednesday AM 9am-12pm
  - Thursday AM 9am-12pm

for my child \_\_\_\_\_ (name of student registered) with changes becoming effective as of \_\_\_\_\_ (date for which you would like this change to occur).

I understand that the above request must be approved by the Registrar in writing prior to the change occurring and any adjustments being made to fees.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

APPROVED

NOT APPROVED

REGISTRAR SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_