



2019/2020 PLAYSCHOOL REGISTRATION FORM

Collicutt Center, **Mail:** 3031-30 Avenue, Red Deer, AB T4R 2Z7

Phone: 403-342-4940 Ext. 112

Email: playschool@exelta.ca

Select Program:			
Mondays <input type="checkbox"/> 3 yr old 9:00AM-11:00AM <input type="checkbox"/> 3 yr old 12:00 PM-2:00PM	Tuesday/Thursday <input type="checkbox"/> 4 yr old 9:00AM-11:00AM <input type="checkbox"/> 4 yr old 12:00 PM-2:00PM	Wednesday/Friday <input type="checkbox"/> 4 yr old 9:00AM-11:00AM <input type="checkbox"/> 4 yr old 12:00 PM-2:00PM	
Please complete every section of this form.			
Child Information: (Please Note: this child <u>must</u> be a minimum of three years old and toilet trained)			
First Name:		Last Name:	
Birth Date (month/day/year):		M or F:	Names of sibling(s) that have attended this program before: _____
Street Address:		City:	Postal Code:
Rural Address: (Emergency Landsite-Blue Sign):			
Home Phone:		Cell Phone:	
Is this child on daily medication? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does this child have any allergies? Yes, fill out medical form <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this child's Immunization Current? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is there any other information we need to know? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If you have any severe health concerns that we should be aware of, please complete an additional medical form.</i>			
Primary Contact Relationship to Child: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____			
First Name:		Last Name:	
Street Address:(Emergency Landsite Description)		City:	
Postal Code:	Email Address:		
Home Phone:	Cell Phone:		
Secondary Contact Relationship to Child: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____			
First Name:		Last Name:	
Street Address:(Emergency Landsite Description)		City:	
Postal Code:	Email Address:		
Home Phone:	Cell Phone:		
Emergency Contact Other than Parent Relationship to child: _____			
First Name		Last Name:	
Street Address:(Emergency Landsite Description)		City:	
Home Phone:	Cell Phone:	Other #:	
People Authorized to pick up child (other than Primary and Secondary contact)			
Full Name	Relationship to Child	Primary Phone	Secondary Phone
1.			
2.			
People NOT Authorized to pick up child: All requests must be accompanied by the appropriate legal document.			
Full Name	Relationship to Child	Primary Phone	Secondary Phone

Playschool Child Waiver

As the parent or guardian of the child registered on the reverse page of this form, I, the undersigned hereby give the Exelta Playschool (registered as the Red Deer Gymnastics Association 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 Exelta Playschool, their officers, instructors, coaches and employees from and against all claims, costs, actions, suits or proceeding arising out of the participation of the named child.

I also agree to the following:

- The use of the named child's name, photo, video, and comments on Exelta's website (www.Exelta.ca), playschool and club newsletters, windows and other club promotions and publications.
- The taking of individual or class photos and the use of the named child's photograph for identification purposes.
- Release of the child's name to the news media as part of an honor roll or the promotion of an Exelta program.

Alberta Gymnastics Federation Notice: Gymnastic activities, by their nature, involve certain elements of risk which involve a potential for bodily injury. A portion of the registration fee is paid to the AGF and allocated for the provision of accident insurance should such injury occur. I acknowledge this element of risk and agree to permit my child's participation in registered gymnastics programs.

 Playschool Parent Helper Waiver

I understand that by signing this document, I waive certain legal rights including the right to sue.

I understand that gymnastics, acrobatics, fitness and similar activities involve inherent risks, dangers and hazards that are associated with unique movement patterns and skills which may in some circumstances be executed on specialized apparatus. I acknowledge that personal harm or injury may be sustained during my involvement in this activity and declare that I accept full responsibility for my safety.

I understand clearly that by signing this registration form, I acknowledge the potential risks and consent to my participation.

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

I understand that by signing this registration form, I have read the child guidance policy, which is stated in the Exelta Playschool Program Plan.

Printed Name

Signature

Date

Print Child's Name

For Office Use Only:

Database Entry:		Monthly Fee:	
Early Registration Receipt #:		Payment Type	
Date added to waiting list:			