

Please fill out the form as completely as possible, sign or initial where necessary. All adults listed as contacts **MUST** have their physical addresses included, not mailbox #'s please.

Child's General Information

Full Name: _____ Birth Date: _____

Home Language: _____ Likes: _____

Dislikes: _____ Fears (if any): _____

Address: _____

Start Date: _____ Drop-Off Time: _____ Pick-Up Time: _____

AB Health Care Number: _____

Immunizations Up-to-Date: Yes or No

Please initial _____

PARENTS OR GUARDIANS INFO

Mother/Guardian Name: _____ **Marital Status:** _____

Home Address: _____

City: _____ Postal Code: _____

Cell Phone: _____ Email Address: _____

Is mother/guardian allowed to pick up child? Yes ☐ No ☐

Father/Guardian Name: _____

Home Address: Same as Above or: _____

Cell Phone: _____ Email Address: _____

Is father/guardian allowed to pick up child? YES ☐ NO ☐

First parent to be contacted in an emergency: _____

Other Emergency Contact (address must be included):

Alternate Contact #1: _____ Relationship to Child: _____

Home Address: _____

Cell Phone: _____

Authorized to Pick Up: Yes or No

Alternate Contact #2: _____ Relationship to Child: _____

Home Address: _____

Cell Phone: _____

Authorized Pick Up: Yes or No

Please provide the full name, relationship, phone number and picture of any additional people you wish to authorize for pick-up.

Include copies of any legal documents if necessary.

Child's Medical Information

Family Doctor: _____ Office Phone: _____

City: _____

Allergies: _____

Medical Problems/disorders, special needs, past surgeries, or serious illness: _____

Medication: (We will give you a medication form if required)

Allergies Yes/No: _____

Please List if yes: _____

EMERGENCY CONSENT

It is our policy to notify a parent when a child is ill or needs medical attention.

Updated August 22, 2020

If we are unable to reach a parent and we need to get immediate help for your child, our procedure is to take the child to the nearest emergency service.

Please sign below so that we can take appropriate action on behalf of your child.

I HEREBY GIVE MY/OUR CONSENT FOR MY/OUR CHILD _____

WHEN ILL/INJURED, TO BE TAKEN TO THE NEAREST EMERGENCY CENTER/WALK IN CLINIC BY THE STAFF OF LAUGH AND LEARN ACADEMY WHEN I/WE CANNOT BE REACHED. I CONSENT TO AN AMBULANCE BEING CALLED TO TRANSPORT THE CHILD, IF NECESSARY. I FURTHER AGREE TO PAY ALL COSTS INCURRED FOR TRANSPORT.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Subsidy Privacy Allowance

I hereby allow the Director of Laugh and Learn Academy to be able to inquire about the status and details of my subsidy application.

Parent Signature _____

Off-Site Activity Permission

I understand that walks to neighbourhood areas and parks are part of the programming and I hereby give consent for my child to participate in these activities. Parents will be notified which parks we will be attending so that pick up can be arranged at the park on any given day.

Parent Signature _____

Parent Signature _____

Parent Handbook

I have carefully read the Laugh and Learn Academy Parent Handbook and understand that it is my responsibility to be aware of all the procedures and expectations set forth by the centre in this Document.

Parent Signature _____

Parent Signature _____

Technology, Visual, and Video Permission Form

At our centre we, try to give a variety of learning experiences. This may include the use of computers, tablets, video, television, or various electronic devices.

All activities, including the use of the computer, will be of appropriate age and content.

We require your written consent on the form below to signify your permission for these types of activities.

Regarding the use of computers, television, video, and taped recording, I give the staff at Laugh and Learn Academy permission to include my child in such related activities.

Parent Signature_____

Parent Signature_____

Telephone and e-mail Release Permission

Other parents sometimes request a family's phone number so they can phone to invite your child to a birthday party or some other social event. Please sign below if you have no objections to the release of your e-mail for this purpose.

Parent Signature_____

Permission to Photograph

We may on occasion use pictures for updates to the private group we will have on Facebook, Twitter, and for newsletters that will go out to parents. We will never put your child's name on photo's that are publicly published. Some of the mediums may be:

Display still photos on Facebook in a private, parents only group

As a keepsake for the child and family

To be put on the wall in our centre

Videos children may make for watching themselves or for fun presentations

I give permission for Laugh and Learn Academy to use pictures/video of my child(ren),

Signed: _____

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

Signed: _____ Date: _____

Sunscreen and Insect Repellent Permission Form

During outdoor play on sunny days, especially those during the months of April through September, it is necessary that children wear sunscreen to protect their skin from the sun's damaging rays. Therefore, we require that you provide your children with a sunscreen of SPF 30 or higher. All sunscreen will be applied to the child's face (not near eyes), ears, nose, arms, legs, or any other exposed skin before going outside and reapplied when necessary.

Because there are periods during the year where mosquitoes and other biting insects are present, you may also want to send your child with a bottle of insect repellent. Repellent will be applied at the same time as sunscreen, but it is not a requirement of the centre. We recommend bug spray with low DEET content that is sensitive to a child's skin. In the absence of repellent, the centre will not provide any.

All sunscreen and insect repellents must be marked with the child's name and be in the original package. We have sharpie pens to mark all bottles brought to the centre if needed. Parents will be notified when these products are running low.

Please fill out the following information and place a checkmark next to the appropriate statements.

☐ I give Laugh and Learn Academy's staff permission to help apply sunscreen, if needed, that I have provided and labelled to my child/ren,

☐ I do not know of any allergies that my child has to sunscreen.

☐ I do not want my child to have sunscreen applied due to an allergy or medical condition.

☐ I give staff permission to apply insect repellent that I have provided and labeled

☐ I do not know of any allergies my child has to insect repellent.

☐ I do not give staff permission to apply insect repellent to my child/ren.

Signature: _____ Date: _____

Field Trip Permission Form

Throughout the school year and summer, we will be going all over Spruce Grove as part of our enrichment program. Below is a list of the various parks, centres and areas we will go to. By signing you approve of us going to these various places. We will always post on the front door where we have gone and when we plan to return so that you will always know where we are headed each day. We would like to formally invite you to join us in outdoor play anytime.

Fairways Park

St. Thomas and St. Marg's School Parks

Millgrove School Park

Spruce Village Park

Woodhaven School Park

Spruce Grove Public Library

Deer Park City Park

Beechmont Park

Woodside Park

Greystone School Park

Greystone City Park

Jubilee Park

Brookwood School Park

Central Park Spray Park

Transalta Tri-Leisure Centre

As more parks are built in the city I will add to this list and have each parent initial any parks that we add on an ongoing basis. All field trips will require separate permission

Signature: _____ Date: _____

Fees

Fees are due on the 1st of the month. All fees are received through e-transfer to laughandlearnsprucegrove@gmail.com. Tuition includes all PD days and a week at Christmas and spring break and all non school days including summer. We will be closed for all provincial and federal statutory holidays. We have limited "summer only" spots and those fees are \$750/month

Please sign beside your plan.

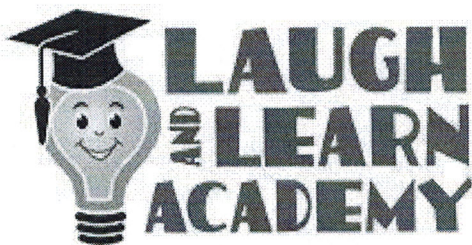
\$600/month all year _____

\$800/month during the summer _____

If applicable, school aged subsidy pays a maximum of \$366/month

BUILDING RELATIONSHIPS

Please feel free to join us in and out of the center. This is the perfect time to share information with staff, play with your child, see what we are learning, spend time with other parents, and meet your child's friends. The more we see and communicate with you the more specialized care we can provide for your child. We are here to support you, and we greatly appreciate your support.



Laugh and Learn Academy's Portable Emergency Contact Form (This form goes off site with your child EVERY time). It will be placed in a "travel binder" with each staff member that accompanies them. Any contact you enter MUST have a physical address as per Child and Family Services

Name of Child: _____ Birth Date: _____

Home Address: _____

Alberta Health Care Number: _____

Person to be contacted first: _____ Relationship to Child: _____

Address: _____ Cell Phone: _____

Contact #2

Name: _____

Address: _____

Cell Phone: _____

Please list two people who can be contacted in an emergency if the parent(s) or guardian(s) cannot be reached, an address **MUST** be included:

Alternate Contact #1: _____ Alternate Contact #2: _____

Relationship to Child: _____ Relationship to Child: _____

Cell Phone: _____ Cell Phone: _____

Home Address: _____ Home Address: _____

Are all immunizations up to date? _____

List any and all allergies _____

Medication Name: _____ Dosage: _____