

Registration Form



Child's Details				Start Date:	End Date:	
Full Name:				Sex:	() Boy () Girl	
Date of Birth: (Y/M/D)			Medical Number:			
Medical Detail: Does your child have any medical problems we should be aware of?						
Allergies Does your child have any allergies we should be aware of?						
Dietary Requirements						
Doctor Name:			Phone #			
Who does the Child reside with	Mother:		Father			
	Both		Guardian			
Mother's Details:						
Full Name:				Phone #		
Employer:				Work #		
Email Address:						
Address:	Box		Street		Postcode:	
Father's Details:						
Full Name:				Phone #		
Employer:				Work #		
Email Address:						
Address:	Box		Street		Postcode:	
Who Has Parental Responsibility?						
Name:				Name:		
Are there any contact restrictions or arrangements				Yes:	No:	
Details:						

Schedule

Preschool starts at 8:30 -12:30 Daycare is from 12:30-3:00, if you child requires care past 3:00 a TPR will need to be arranged prior to your child staying past Three. Afterschool 3:10-6:00

Please indicate below your primary program, days, and hours your child needs care					
PROGRAMS	Monday	Tuesday	Wednesday	Thursday	Friday
Preschool					
Daycare					
Afterschool					

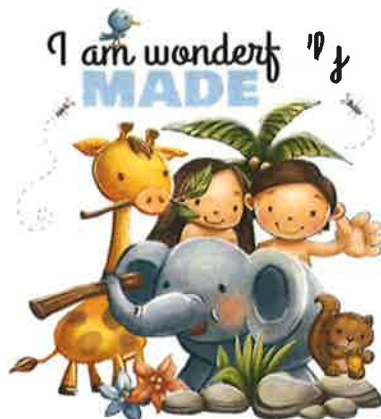


EMERGENCY CONTACT PERSON: You (parent/guardian) are required to list at least 1 person with whom you would feel comfortable leaving your child, and who could assume responsibility for your child if you could not be reached immediately in an emergency, or if for some reason you could not pick up your child and were unable to communicate with the program. Examples: if your child were sick and you were not accessible, or if you experienced sudden illness between work and picking up your child.

Full Name:		Relationship to the Child:
Home #		Cell #
Full Name:		Relationship to the Child:
Home #		Cell #
Full Name:		Relationship to the Child:
Home #		Cell #

NON-EMERGENCY ALTERNATE PICK-UP PERSON/S: authorize the following individual(s) to pick up my child from the program on a non-emergency basis.

Full Name:		Relationship to the Child: Parents
Mom Cell		Dad Cell #
Full Name:		Relationship to the Child:
Home #		Cell #
Full Name:		Relationship to the Child:
Home #		Cell #
Full Name:		Relationship to the Child:
Home #		Cell #



AACA School Parent Consent and Waiver of Liability Form

Permissions:	Yes	No
Do you give permission for your child to participate in all activities organized by Avalon Learning Centre?		
Do you give permission for your child to use playground equipment owned or used by the AACA school and Learning Centre?		
Do you give permission for your child to leave the schools premises under the supervision of a staff member of the Avalon Learning Centre, to go on walks around the neighbourhood and to the beach		
Do you give permission for Avalon Learning Centre to use sunscreen *factor 15+ on your child		

Wavier of accident and Consent to medical care and treatment of minor children	Yes	No
The Children that participate in activities and adventures with the Avalon Learning Centre are consistently well surprised, however, there is always risk of personnel injury or harm to the children. I give permission that my child, _____, may be given first aid / emergency treatment by the childcare licensee and/or qualified staff at: Avalon Adventist Christian Academy I acknowledge that the school and staff and school board will not be held responsible if anything should happen to my child while attending the school.		
When I cannot be contacted, I authorize and consent to medical, surgical and hospital care, treatment, and procedures to be performed for my child by a licensed physician, health care provider, hospital or aid car attendant when deemed necessary or advisable by the physician or aid care attendant to safeguard my child's health. I waive my right of informed consent to such treatment. I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment.		

Waiver of loss and damaged property	Yes	No
When a child brings toys and devices from home, there is always a chance of damage or loss, I acknowledge that the Avalon Learning Centre and School will not be held responsible if anything should happen to my child's property.		

Cancellation and withdrawal from Avalon Childcare Program	Yes	No
I understand and agree that a \$75.00 registration fee will not be refunded under any circumstances. I understand and agree that if I wish to withdraw my child from the Avalon Learning Centre, I will be required to give 15 days written notice to avoid any payment penalty. I'm required to pay all fees by the end of each month,		

I HAVE READ THIS DOCUMENT AND ACCEPT ITS TERMS AND I AGREE THAT THEIS AGREEENT WILL CONSTITUTE A COMPLETE REALSE OF LIABILITY FOR THE AVALON LEARNING CENTRE AND SCHOOL, SUBJECT TO THE PROBISIONS ABOVE

SIGNATURE OF PARENNT OR GUARDIAN

DATE:

Permission to Photograph



I, _____, give permission for Avalon Learning Centre to photograph my child, _____, for the following purposes:
(Child's name)

Type of Use:	(Please check one)	
	Grant Permission	Decline Permission
Personal use:		
Give permission for student picture to be taken.	<input type="checkbox"/>	<input type="checkbox"/>
Share photos with other parents (if their child is in the photo)	<input type="checkbox"/>	<input type="checkbox"/>
To be used in school displays, bulletin boards	<input type="checkbox"/>	<input type="checkbox"/>
Display still photos on School's website*	<input type="checkbox"/>	<input type="checkbox"/>
Post photos on childcare's Facebook and Instagram page*	<input type="checkbox"/>	<input type="checkbox"/>
School yearbook* (full name is used)	<input type="checkbox"/>	<input type="checkbox"/>
Advertisement and Videos:		
Give video to current parents	<input type="checkbox"/>	<input type="checkbox"/>
YouTube™ promotional video	<input type="checkbox"/>	<input type="checkbox"/>
Local Newspaper (Media)	<input type="checkbox"/>	<input type="checkbox"/>
Other (please list):		
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

*Only first names and possibly last initials (in the event of two or more children with the same first name) will be displayed on the facility website.

I understand that it is my responsibility to update this form if 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:

(Parent or Guardian signature)

(Date)

Avalon Learning Centre Parent Handbook Agreement Form

Dear Parents,

It is important that you are aware of the school's policies. Please read and familiarize yourself with these and use them as a reference in cases such as a child's illness, lunch, and other day to day items you might have questions about. These policies can also be found in the Parent Handbook on our website.

Acknowledgment

I understand and acknowledge that all forms need to be signed and my child's immunization records will accompany this registration form. A non-refundable registration fee of \$75.00 per family will be charged on my first invoice.

I have read and am familiar with The Avalon Learning Centre policies and regulations set forth in the Parent Handbook.

Child's Name _____

Parent's Name _____

Parent's Signature _____

Date _____

Children
are
A
★
GIFT
FROM THE
Lord:
THEY are
A
reward
from HIM
Psalm 127:3

