



PLAYGROUP REGISTRATION FORM

Child's Full Name: _____ Sex: _____

Preferred Name: _____

Date of Birth: Year _____ Month _____ Date _____

Civic/Legal Address: _____ Box#: _____

Mother/Guardian Name: _____ Home Phone #: _____

Civic/Legal Address: _____ Cell#: _____

Father/Guardian Name: _____ Home Phone #: _____

Civic/Legal Address: _____ Cell#: _____

Father's Work # and Address: _____

Father's Email Address: _____

Mother's Work # and Address: _____

Mother's Email Address: _____

Behavior Problems (other than normal childhood tendencies)

List the People who are / not allowed to pick up your child.

3 Year Old Sessions:

Tuesday/Thursday 9:30 -11:30am _____ Wednesday 9:30 – 11:30am _____

4 Year Old Sessions: (for children attending kindergarten sessions in 2017)

Tuesdays/Thursdays 1-3pm _____ Wednesday 1-3pm _____

Parent/Guardian Signature: _____

Date: _____



First Aid Authorization, Medical Information & Emergency Contact Information

I authorize **Mayerthorpe Playgroup Staff** who are trained in the basics of first aid and CPR to administer first aid and/or CPR to my child (name) _____, when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child (name) _____.

In the event of an emergency requiring medical attention for my child, if I cannot be reached or when delay would be dangerous to my child's health, I hereby authorize **Mayerthorpe Playgroup Staff** to transport my child (name) _____ to the nearest medical facility and/or hospital.

I hereby authorize **Mayerthorpe Playgroup Staff** to secure for my child the necessary medical treatment. Costs incurred are the responsibility of the parent/guardian.

Parent/Guardian Signature: _____ Date: _____

Emergency Contact Information

1. Name: _____ Home Phone #: _____

Civic/Legal Address: _____ Cell #: _____

Work Address: _____ Work Phone #: _____

2. Name: _____ Home Phone #: _____

Civic/Legal Address: _____ Cell #: _____

Work Address: _____ Work Phone #: _____

Doctor's Name: _____ Phone #: _____

Alberta Health Care Number: _____ (REQUIRED)

Medical Problems/Allergies (Please be clear and concise) **All ongoing medications the child is on and the condition.**

Are your child's immunizations current and where are the records held? If no, please specify.

Parent/Guardian Signature: _____ Date: _____

The personal information on this form is being collected pursuant to Section 33(c) of the Freedom of Information and Protection of Privacy Act. For further information, please contact the FOIPP Coordinator, Town of Mayerthorpe, 780-786-2416.



Town of Mayerthorpe

Box 420

Mayerthorpe, AB T0E 1N0

Tel: 780-786-2416 Fax: 780-786-4590

Email: admin@mayerthorpe.ca

www.mayerthorpe.ca

Family and Community Support Services

Freedom of Information and Protection of Privacy Act (FOIP Act)

Collection of Personal Information Notice under S.33 of the *FOIP Act*

The *FOIP Act*, which came into effect on October 1, 1999, sets controls and standards on how public bodies collect, use and disclose personal information that is in their custody or under their control.

The *FOIP Act* requires that when local government bodies collect personal information directly from individuals;

1. that these individuals be provided with the legal authority for the collection;
 2. that these individuals be provided with an explanation of the purpose of the collection and how the information will be used;
 3. and be provided a contact person should they have any questions relating to this activity.
- The information collected on this form is personal information as referred to in S.33 of the *FOIP Act*.

Once the information is collected, the Town of Mayerthorpe Family and Community Support Services believes the uses listed below are part of Support Services and participation of all young people is important and encouraged. Disclosure with Consent referred to under S. 40 (1) (d) Here are some examples of activities where the information may be used:

- The taking of individual or program photos for promotion purposes;
- The taking of individual or program photos for recognition purposes;
- The taking of photos and/or videos of program activities and their use by the media or other organizations where young people are not interviewed or identified by name, i.e. local newspapers or bulletin boards;
- The taking of photos and/or videos of program activities and their use by the media or other organizations where young people are interviewed or identified by name, i.e. local newspapers or bulletin boards.

If you have any questions or concerns or objections regarding this collection and the intended purposes, please contact the Family & Community Support Service Co-coordinator at Box 420 Mayerthorpe, Alberta, T0E 1N0 (Phone: (780)786-2416 or Fax: (780)786-4590.

I HEREBY CONSENT THAT I (name) _____ may be photographed under S.33 of the Freedom of Information and Protection of Privacy Act and Disclosed under S. 40 (1) (d) of the Freedom of Information and Protection of Privacy Act.

Name

Date



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MAYERTHORPE PLAYGROUP GENERAL PERMISSION SLIP

I, (print name) _____ give permission for my child (child's name) _____ to attend field trips in the Community of Mayerthorpe, within easy walking distance of the Playgroup Room.

(eg., Town Office for fire drills, library, park, nature walk, etc.)

Signature of Parent/Guardian: _____ Date: _____