



Mayerthorpe

PLAYGROUP REGISTRATION FORM

Childs 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 2021)

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

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.



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: _____

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