



CONNECTING ACTIVE MINDS AND BODIES.

Kids Connection Registration Package

City of Airdrie | Genesis Place

February 2022



www.airdrie.ca/kidsconnection

Class

Registration Form 2022-2023

Child's Information

First Name	Last Name
Date of Birth (month/day/year)	Gender
Age as of Sept. 1, 2022	Address

Medical Information

Are your child's immunizations up to date? Yes _____ No _____

(If NO, please be aware that the City of Airdrie is not liable if your child comes in contact with any diseases, including but not limited to the coronavirus disease (COVID-19) and other diseases for which immunizations are publicly available, within the City's facilities or from your child's participation in the Kids Connection Program.)

Does your child have severe allergies? Yes _____ No _____

If yes, does your child require an EpiPen Yes _____ No _____

Policy requires a signed Medication Release Form and EpiPen to be onsite at all times.

Please list any allergies:

Other serious medical conditions (please describe):

Babysitter/Dayhome Provider (if applicable)

First Name: _____ Last Name: _____

Address: _____

Primary phone number: _____

Secondary phone number: _____

Please list anyone who may **NOT** pick up your child:

Please list anyone who **MAY** pick up your child (other than parent/guardian):

1. First Name: _____ Last Name: _____

Phone: _____ Relationship to Student: _____

2. First Name: _____ Last Name: _____

Phone: _____ Relationship to Student: _____

3. First Name: _____ Last Name: _____

Phone: _____ Relationship to Student: _____

Additional Information

To get to know your child better, please tell us more.

Please contact the Kids Connection staff throughout the year if there are any changes in your child's life or information that we should be aware of.

Who lives in your child's home? Both parents _____ Mother only _____ Father only _____

Is your child toilet trained? Yes _____ No _____ In progress _____

Please describe assistance needed and any motivators being used:

Does your child have any physical or emotional conditions that we should be aware of?

Yes _____ No _____

If yes, please describe:

Does your child have any problems with vision, hearing or speech?

Yes _____ No _____

If yes, please describe:

What language is spoken at home? _____

Does your child speak or understand another language? Yes _____ No _____

If yes, please list:

Do you have any concerns about any aspect of your child's development?

Yes _____ No _____

If yes, please describe:

Photo release information:

Photos may be taken at some point in the program for promotional purposes.

- I **give** permission for my child's picture to be taken during Kids Connection.
- I **do not** give permission for my child's picture to be taken during Kids Connection.

Walking excursions:

I understand that my child will be accompanied out of his/her class, under the supervision of the preschool instructors to attend off site walking excursions throughout the school year. I understand that they may walk to locations within 20 minutes of Genesis Place at any given time during the class without notice.



Medical emergencies:

I understand that if any serious medical situation arises during class time, Kids Connection Preschool will call 9-1-1 for emergency assistance. The preschool will contact parents as soon as possible in such an event. I also understand that any cost associated with 9-1-1 calls, transportation and further medical assistance would be my responsibility.

Kids Connection volunteers:

Would you be interested in volunteering for Kids Connection throughout the year? (i.e., classroom time, field trips or special events). Volunteer opportunities will start in October once the children are settled into their routine. Prior to volunteering in the program, you will be required to sign a confidentiality agreement.

- I would like to volunteer
- I am unavailable for any volunteer opportunities

I CERTIFY THAT ALL OF THE ABOVE INFORMATION IS CURRENT AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Parent/Guardian Name (Print) Parent/Guardian Signature Date (mm/dd/yyyy)

The information on this form is collected by the City under the authority of Section 33(c) of the *Freedom of Information and Protection of Privacy Act* (the "Act") and will be used solely for the purposes of administering the Kids Connection Program at Genesis Place. It will be treated in accordance with the privacy protection provisions of Part 2 of the Act.

Questions concerning collection of this information can be directed to the Active Start Programmer for Genesis Place at 800 East Lake Boulevard NE, Airdrie, Alberta T4A 2K9 or (403) 948-8804 Ext. 5510.

Kids Connection Preschool Assumption of Risk and Waiver

PLEASE READ CAREFULLY. RELEASE OF LIABILITY, WAIVER OF CLAIMS AND ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT (hereinafter referred to as the "Release Agreement"). BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE OR CLAIM COMPENSATION FOLLOWING AN ACCIDENT.

Initial _____ Date _____



Parent/Guardian

I certify that I am the parent or legal guardian of the student/participant named below and that I am entitled to his or her custody and control. I understand the aforesaid inherent risks that could arise from these activities, I grant permission for my son/daughter/ward to participate in Kids Connection Preschool and other activities incidental thereto and I execute this Assumption of Risk and Waiver on behalf of myself and my son/daughter/ward.

Student/Participant Name: _____ Date of Birth (D/M/Y): ____/____/____

Parent/Guardian 1 Name: _____

Parent/Guardian 1 Signature: _____

Parent/Guardian 2 Name: _____

Parent/Guardian 2 Signature: _____

Witness (must be over age of 18) _____

Printed witness name

Witness signature

Witness Address _____ Witness Phone Number _____

Signed this _____ day of _____, 20_____

The information on this form is collected by the City under the authority of Section 33(c) of the *Freedom of Information and Protection of Privacy Act* (the "Act") and will be used solely for the purposes of administering the Kids Connection Program at Genesis Place. It will be treated in accordance with the privacy protection provisions of Part 2 of the Act. Questions concerning collection of this information can be directed to the Active Start Programmer for Genesis Place at 800 East Lake Boulevard NE, Airdrie, Alberta T4A 2K9 or (403) 948-8804 Ext. 5510.

Office Use Only

Start date: _____ Class: _____

Withdraw date: _____

Payment form completed: Yes _____ No _____ Date: _____

Notes: _____



Child Information completed: Yes _____ No _____ Date: _____

Notes: _____

Parent/Guardian information correct: Yes _____ No _____ Date: _____

Notes: _____

Emergency information correct: Yes _____ No _____ Date: _____

Notes: _____

Photo Release completed: Yes _____ No _____ Date: _____

Notes: _____

Walking Excursion Signature: Yes _____ No _____ Date: _____

Notes: _____

Medical Emergencies Signature: Yes _____ No _____ Date: _____

Notes: _____