

Bright Minds Academy & OSC  
Tamarack Location  
(780) 394 4686  
[brightmindsosc@gmail.com](mailto:brightmindsosc@gmail.com)

## PRESCHOOL REGISTRATION FORM

### Student Information

First Name: _____		Last Name: _____	
Birthdate: ____/____/____ M      D      Y		Gender: Male/Female (Please circle)	
Address: _____			
City: _____		Prov: _____	Postal Code: _____
Grade: _____		Teacher: _____	

### Parent/Guardian Information

Parent/Guardian #1	Parent/Guardian #2
First Name: _____	First Name: _____
Last Name: _____	Last Name: _____
Address: _____	Address: _____
City: _____ Prov: ____ Postal Code: _____	City: _____ Prov: ____ Postal Code: _____
Home Phone #: _____	Home Phone #: _____
Cell Phone #: _____	Cell Phone #: _____
Email Address: _____	Email Address: _____
Name of Employer: _____	Name of Employer: _____
Work Address: _____	Work Address: _____
City: _____ Prov: ____ Postal Code: _____	City: _____ Prov: ____ Postal Code: _____
Work Phone #: _____	Work Phone #: _____

### Emergency Contact Information

Emergency Contact # 1	Emergency Contact # 2
First Name: _____	First Name: _____
Last Name: _____	Last Name: _____
Relation to Child: _____	Relation to Child: _____
Address: _____	Address: _____
City: _____ Prov: ____ Postal Code: _____	City: _____ Prov: ____ Postal Code: _____
Home Phone #: _____	Home Phone #: _____
Cell Phone #: _____	Cell Phone #: _____
Work Phone #: _____	Work Phone #: _____

### Health/Medical Information

Alberta Health Care#: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Known Allergies/Food restrictions: \_\_\_\_\_

\_\_\_\_\_

Other Health or Medical Conditions: \_\_\_\_\_

\_\_\_\_\_

Are your child's immunizations up to date? Yes/No (Please circle).  
Please attach a copy of immunization records.

Is your child on any medications? Yes/No (Please circle).  
If so, please include a list of all medications.

\_\_\_\_\_

Any other information you would like us to know about your child:

\_\_\_\_\_

\_\_\_\_\_

### Authorization for Pick-up

Your child will only be released to an authorized person listed on this form (parent/guardian and/or emergency contact). In case of an emergency or an unforeseen circumstance, please indicate the name, address and phone number of any other person(s) who you authorize to pick up your child on your behalf.

1. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relation to Child: \_\_\_\_\_ Phone Number: \_\_\_\_\_

2. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relation to Child: \_\_\_\_\_ Phone Number: \_\_\_\_\_

3. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relation to Child: \_\_\_\_\_ Phone Number: \_\_\_\_\_

- **Children will NOT be released to anyone who has not been authorized by the parent.**
- **Anyone picking up a child must have authorization and government issued picture identification.**
- **Tamarack Daycare & OSC reserves the right to refuse access to ANYONE who does not appear to be in a responsible condition.**

### Child Care Information

Has your child been in childcare before?

Day home, Daycare or in the care of the family?

If previous Daycare, name of the center:

### Additional Information

What are your child's favourite foods? \_\_\_\_\_

\_\_\_\_\_

What foods are refused? \_\_\_\_\_

\_\_\_\_\_

Please list again any foods not permitted due to allergies/personal reasons.

\_\_\_\_\_

\_\_\_\_\_

Please describe your child's personality, i.e. likes and dislikes.

\_\_\_\_\_

\_\_\_\_\_

Please describe any relevant events pertaining to your child's development that you would like the staff to know?

\_\_\_\_\_

\_\_\_\_\_

What can we do to help support your child and your family?

\_\_\_\_\_

\_\_\_\_\_

Any other information you would like us to know about your child:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please indicate which program your child will be attending.

PROGRAM	DAYS	AM 9 - 11:30	PM 12:30 - 3
3 year old program	Tues/Thurs		
4 year old program	Mon/Wed/Fri		
Full time program	Mon - Fri		

**Family Heritage**

Where was your child born? \_\_\_\_\_

Where was the child's mother born? \_\_\_\_\_

Where was the child's father born? \_\_\_\_\_

What is the family's cultural heritage? \_\_\_\_\_

Please list all languages other than English that your child speaks.

\_\_\_\_\_

Are there any faith-based food or activity restrictions? If so, please explain.

\_\_\_\_\_

\_\_\_\_\_

Are there any faith-based holidays/celebrations that you would like to see represented in our programming?

\_\_\_\_\_

\_\_\_\_\_

Is there anything you feel we should know regarding your family situation or personal beliefs?

\_\_\_\_\_

\_\_\_\_\_

**Signature by all Parents/Guardians**

\_\_\_\_\_  
Parent/Guardian # 1

\_\_\_\_\_  
Parent/Guardian # 2

**Please attach a copy of your child's birth certificate.**

**Please attach a non-refundable registration fee of \$75 to confirm your spot.**

**This can be sent via e-transfer to [brightmindsosc@gmail.com](mailto:brightmindsosc@gmail.com)**