

Blueberry Playschool Association

Box 129, Site 4, RR 2, Stony Plain, AB T7Z 1X2

Municipal address: 53109 RR 15

Other Children in the Family:

Name		Age	
Name		Age	
Name		Age	
Name		Age	

Family Doctor

Phone Number

Address

EMERGENCY CONTACTS: Available during Class times (not a parent)

Name

Phone Number

Address

Allergies:

Statement of Consent:

I, THE UNDERSIGNED, AGREE TO THE FOLLOWING FOR MY CHILD:

1. Any emergency measures needed immediately (e.g. artificial respiration, transportation to a medical facility, etc.)
2. I have read the Playschool's written statement of discipline and I agree with this statement.
3. That my child can participate in any playschool activity within the Playschool room and the grounds surrounding the Playschool.
4. I have read and agree to comply with all financial policies.
5. I have read and understand all policies and procedures as outlines in the BLUBERRY PLAYSCHOOL HANDBOOK.

Parent's Signature

Date