

# Fuzzy Pickles 2020-2021 Registration Package

**ANY WHERE YOU SEE A \* THIS IS A MANDATORY FIELD as required by Child & Family Services**

Please Circle Class Registered For:

**M / W / F: 8:30 – 11:00 am**

**M / W / F: 11:30 - 2:00 pm**

**T / TH: 8:30 – 11:00 am**

**T / TH: 11:30 - 2:00 pm**

\*Child's Name: \_\_\_\_\_

\*Birthdate: \_\_\_\_\_

\*Address: \_\_\_\_\_ \*City: \_\_\_\_\_

\*Postal Code: \_\_\_\_\_ \*Home Phone #: (\_\_\_\_) \_\_\_\_\_

*Parent(s) / Guardian's Information:*

For tax purposes, please check box for which parent is to receive tax receipt

\*Parent / Home  
Guardian's Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

\*Cell Phone #: (\_\_\_\_) \_\_\_\_\_ \* email address: \_\_\_\_\_

\*Address: (If different from above) \_\_\_\_\_

\*City: \_\_\_\_\_ \* Postal Code: \_\_\_\_\_

\*Occupation: \_\_\_\_\_ \* Work Phone #: (\_\_\_\_) \_\_\_\_\_

\*Work Address: \_\_\_\_\_

\*Parent / Home  
Guardian's Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

\*Cell Phone #: (\_\_\_\_) \_\_\_\_\_ \* email address: \_\_\_\_\_

\*Address: (If different from above) \_\_\_\_\_

\*City: \_\_\_\_\_ \* Postal Code: \_\_\_\_\_

\*Occupation: \_\_\_\_\_ \* Work Phone #: (\_\_\_\_\_) \_\_\_\_\_

\*Work Address: \_\_\_\_\_

Will your child be at least three (3) years of age as of September 14th, 2020? Yes \_\_\_  
No \_\_\_

Are there any custody/visitation arrangements? Yes \_\_\_ No \_\_\_ If YES, please provide details:

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Siblings: Please list all siblings and their ages:

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**Medical Information:** (All information to be completed in full)

**Family Physician:** \_\_\_\_\_ \* Phone Number: (\_\_\_\_\_) \_\_\_\_\_

\*Address: \_\_\_\_\_

Health Care # (optional) \_\_\_\_\_

Are immunizations up to date? Yes \_\_\_ No \_\_\_

\*Does your child have Allergies? Yes \_\_\_ No \_\_\_

Please list all allergies: \_\_\_\_\_

Severe Allergies: Yes \_\_\_ No \_\_\_

If **YES**, does your child require an EpiPen/medication? Yes \_\_\_ No \_\_\_

Policy requires a signed Medication Release Form and an EpiPen to be kept at school at all times.

Please list any foods your child is not allowed to have due to a special diet for health or religious reasons:

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Has your child had any medical or emotional conditions requiring or receiving treatment or supervision? Yes \_\_\_ No \_\_\_

If YES, please describe: \_\_\_\_\_

Does your child have any ongoing medications being taken at home? Yes \_\_\_ No \_\_\_

Has your child ever been hospitalized? Yes \_\_\_ No \_\_\_

For what reason? \_\_\_\_\_

**I hereby give my permission and consent for the above-named child to be taken to a doctor, medical clinic or hospital in case of accident or injury immediately. Myself or contact person will be contacted as soon as possible thereafter. I also give permission for staff to administer first aid for an injury or illness. In case of accident/damages for improper administration of medication to the said child during school time, we hereby covenant and agree that no action will be taken against the Fuzzy Pickles Preschool, or any of its teachers, board members or volunteers. In the event that an ambulance is required I understand that I will be responsible for the costs involved.**

**\*Parent's/Guardian's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**I understand that the Preschool operates as a non-profit organization for the benefit of my child, and that my support is essential for its continued success. I have read and agree to support the philosophies, policies and procedures of the program.**

**\*Parent's/Guardian's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**\*Emergency Contacts:** (Please provide names to be contacted in case of emergency other than parents, who reside in Airdrie should also be authorized to pick up)

\*Name: \_\_\_\_\_ \*Phone #'s: \_\_\_\_\_

\*Address: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

\*Name: \_\_\_\_\_ \*Phone #'s: \_\_\_\_\_

\*Address: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

**Babysitter/Dayhome: (if applicable) Authorized person to pick up.**

\*Name: \_\_\_\_\_ \*Phone #'s: \_\_\_\_\_

\*Address: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

**\*Persons authorized to pick up your child (other than parents) Emergency Contact should be authorized to pick up:**

These people will be asked for identification to show proof of who they are. If you need someone to pick up your child, please make sure the staff are aware of this change and that the person picking up is on the form you are providing.

\*Name: \_\_\_\_\_ \*Phone #'s: \_\_\_\_\_

\*Address: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

\*Name: \_\_\_\_\_ \*Phone #'s: \_\_\_\_\_

\*Address: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

**30 DAYS WRITTEN NOTICE MUST BE GIVEN WHEN WITHDRAWING  
YOUR CHILD FROM FUZZY PICKLES PRESCHOOL OR YOU WILL  
FORFEIT YOUR TUITION FEE FOR THE FOLLOWING MONTH.**

# Child Management Policy

Dear Parents:

*(Please read the following information carefully)*

Our approach to discipline is based upon our goal of helping children build and maintain a positive self-concept. Clear, safe, and reasonable limits are set using positive guidance and appropriate role modelling techniques. We teach the children alternative, socially acceptable ways of dealing with situations where he/she may hurt others or damage property. In our preschool, we strive to create an atmosphere of respect for each other and other's belongings.

When redirection becomes necessary, the child will be guided in a positive manner discussing and finding alternatives and constructive ways of solving the problem. Each child is treated as an individual and every situation is handled on an individual basis.

If the staff find that a child has lost control or is unable to listen to reason, a time out may be called. A time out should not be a humiliating experience, nor a form of punishment, therefore there is no predetermined time out chair or place. We simply remove that child from the other children for as long as it takes for the child to calm down. The children are never left alone in a time out. This opportunity is used for the staff and child to talk about feelings. The presence of a caring adult can often help to calm an upset child. Once calm has been restored, the staff and child will return to the main group.

At Fuzzy Pickles, we have a creative program planned, which will be implemented in an atmosphere of enthusiasm and mutual respect. By having an assortment of activities prepared, the possibility of behaviour problems is greatly reduced. When a child's behaviour is a concern, we will discuss the situation with the parent/guardian.

Our goal is to help children balance their needs with those of others, to feel good about themselves, and become increasingly independent.

Amendment to child management plan according to childcare licensing regulations: A license holder must not, with respect to a child in the program, inflict or cause to be inflicted any form of physical punishment, verbal or physical degradation or emotional deprivation. Deny or threaten to deny any basic necessity or use or permit the use of any form of physical restraint, confinement or isolation.

I am the parent/guardian of \_\_\_\_\_ . I have read the

Fuzzy Pickles Preschool Management Policy as printed above, and I understand the policy as written.

\*

\_\_\_\_\_  
(Signature)

\*

\_\_\_\_\_  
(Date)

## Off Site Permission

Fuzzy Pickles Preschool would like your permission to take your child out of the preschool for nature walks, park visits or just to the outdoor field for some fun and exploring. Allowing the Preschool to venture into the outdoors gives us the opportunity to see and interact with nature, exercise our bodies and utilize the wonderful space we have.

I, \_\_\_\_\_ hereby give my consent to allow \_\_\_\_\_  
Parent/Guardian Child's name  
to go off the licensed premise to participate in off-site activities.

**\*Parent's/Guardian's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Photo Consent

Fuzzy Pickles Preschool would like your permission to take some photographs of your child while they are attending our program. These photographs may be used at a later date for children's scrap books, brochures or promotional pieces. From time to time, staff and parents capture wonderful pictures for memories and future promotions.

**Choose A or B:**

A) I, \_\_\_\_\_ hereby give my consent to allow \_\_\_\_\_  
(Parent/Guardian) (Child's name)  
to have their picture taken.

**\*Parent's/Guardian's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**OR**

B) I, \_\_\_\_\_ hereby give my consent to allow \_\_\_\_\_  
(Parent/Guardian) (Child's name)  
to have their picture taken **but NOT** to be used for media purposes.

**\*Parent's/Guardian's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# Fuzzy Pickles Medication Policy

Fuzzy Pickles Preschool recognizes the administering of medication or medical treatment to the students is up to the Parent or Guardians and is to be the sole responsibility of the Parent or Guardian except in the case of accidents or emergencies.

If, under exceptional, emergency circumstances, a student must receive medication or medical treatment prescribed by a medical practitioner during the school day and the student is incapable of self-administration and the Parents/Guardians are unable to be at the school to administer the medication or treatment, the following will apply:

- The parent or guardian must store the medication at the school.
- The parent or guardian must fill out a signed **Medication Record** with written medical treatment instructions available at the school.
- The parent or guardian must obtain a letter from the child's physician outlining the medical treatment including the following information:
  - Child's name
  - Name of medication and/or treatment
  - Dosage / Time interval and procedure for administration
  - Possible side effects and procedure to follow in case of adverse reaction
  - Special storage instructions for the medication / risk to others
  - Termination date for administration
- The parent or guardian must assume responsibility for informing the preschool of any change in the child's health, medication or treatment.
- Except in case of accidents and emergencies, no employee shall administer any medication or medical treatment.
- The parent or guardian are advised that staff perform a monitoring function for the administration of medication but are not normally medically qualified to administer medication.
- No physical therapy will be performed on students by school staff.
- All staff members will be acquainted with the child's medication and/or treatment.
- Over-the-counter medications shall not be distributed to any student enrolled in Fuzzy Pickles Preschool, unless it is part of a medical treatment plan that is on file at the school, authorized by a medical practitioner by the form of a letter, and signed by the parent(s) or guardian(s). The over-the-counter medication must be supplied by the parent, clearly labeled with the child's name on it and replaced upon expiration.

# Responsibilities and Rights of Staff

A staff member involved in the administration of medication and medical treatment has the following right:

- To receive a signed medical authorization form with instructions signed by the parent and to receive written medical treatment from a physician.
- To clarify their role in providing medication or treatment with the parent or board and to provide appropriate training to perform the expected medical responsibilities.
- To require that the insurance coverage carried by the Preschool adequately reflects the medical situation in which he is involved.
- To require that a consent form be signed by the Parent or Guardian which includes a section waiving the rights of the parent to pursue the Board or its staff in an action to recover damages for improper administering of medication or medical treatment.
- To protest, in writing, should they not feel competent or wish to reject to fulfill the medical treatment responsibly.

## Emergency Treatment: Allergic Reactions

If a student has a potentially fatal or debilitating ALLERGIC REACTION that requires immediate emergency care, the following steps shall be taken:

1. The staff member who has been briefed on the proper treatment procedures shall administer the treatment or medication in strict accordance with the medical authorization form and the physician's instructions.
2. The person in charge will call 9-1-1 to secure trained medical assistance and arrange for the student to transport to a medical facility.
3. The student's parent/guardian shall also be contacted immediately and informed of the situation.

I hereby give my permission and consent for the above-named child to be taken to a doctor, medical clinic or hospital in case of accident or injury, if myself or contact person cannot be reached. I also give permission for staff to administer first aid for an injury or illness. In case of accident / damages for improper administering of medication to the said child during school time, we hereby covenant and agree that no action will be taken against Fuzzy Pickles Preschool, or any of its teachers, board members or volunteers. If an ambulance is required, I understand that I will be responsible for the costs involved.

**\*Parent's/Guardian's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



# Do you Mind Sharing?

How did you hear about Fuzzy Pickles Preschool?

Friend Referral: Would you mind giving their name: \_\_\_\_\_

Advertising: Billboard          Social Media          Drive by School

Airdrie Fest

Our Website

Other: \_\_\_\_\_

If there are any other comments or suggestions, please email us at  
[info@fuzzypickles.ca](mailto:info@fuzzypickles.ca)

Thank you for choosing Fuzzy Pickles Preschool!