



BUILDING BLOCKS CHILDCARE CENTRES

LOVE | LAUGHTER | FRIENDSHIP | FAMILY

REGISTRATION FORM 2025/2026

Child's Full Name: _____ Nickname: _____

Birth Date (Month/Day/Year): _____ Date of Enrollment: _____

Address: _____ City: _____

Province: _____ Postal Code: _____ Home Phone: _____

Alberta Health Care Number: _____

Mother's Full Name: _____

Mother's Address: _____

City: _____ Province: _____

Postal Code: _____ Mother's Home Phone: _____

Mother's Employer: _____

Work Phone: _____ Ext. _____ Pager or Cell# _____

E-mail: _____

Father's Full Name: _____

Father's Address: _____

City: _____ Province: _____

Postal Code: _____ Father's Home Phone: _____

Father's Employer: _____

Work Phone: _____ Ext. _____ Pager or Cell# _____

E-mail: _____



Emergency Contact and Persons Authorized to Remove Child from Day Care

Emergency Contact (other than parents/guardian): MUST BE A LOCAL ADDRESS

Name: _____
Home Phone: _____ Cell/Pager _____ Work phone: _____
Emergency Contact Address: _____ City _____
Province: _____ Postal Code: _____
Relationship to Child: _____

Person(s) authorized to pick up my child (Besides Parents/Guardians or Emergency Contacts):

#1: _____ Phone Number: _____
#2: _____ Phone Number: _____

Medical Information

1. Child's physician: _____ Phone: _____
2. Regular medications _____
3. Medicine allergies: _____
4. Food allergies: _____
5. Any other allergies: _____
6. Any special health conditions: _____
7. Are your child's Immunizations up to date? (Please circle) ☐ YES ☐ NO
8. Is your child toilet trained? If not please provide further details _____

9. Are there any special learning needs (e.g. speech therapy, physical therapy, occupational therapy, learning disability, CHADS, etc.) the school should be aware of which would relate to the programming needs for your child? (Please circle and describe if yes) ☐ YES ☐ NO

10. Please tell us why you are registering your child in day care? _____

Emergency Release

Consent to Emergency First Aid & Transportation

I hereby give my permission that my child, may be given emergency treatment by Building Blocks Day Care. I also give permission for my child to be transported by car or ambulance to an emergency center for treatment if necessary. We will always try and contact you first.

Parent/ Guardian Signature: _____

Date _____



Consent to Medical Care and Treatment

In the event that I cannot be contacted immediately, medical or surgical treatment can be administered to my child in case of an accident or emergency, as prescribed by a treating physician. Building Blocks Child Care Centres will not be responsible for paying for the child's health care.

Parent/ Guardian Signature: _____ Date _____

Nature of First Aid

Due to licensing regulations section 11, we need all children that are registered in our program to sign a consent that allows Building Blocks Childcare Centres to provide health care in the nature of first aid to children in the case of minor incidences. Only staff that are certified to provide first aid would attend to your child.

Parent/ Guardian Signature: _____

Date _____



Custody Order

Do you have an existing court ordered custody agreement?

(Please Circle) ☐ YES ☐ NO

If yes, please provide copies to the school. Please note that our policy states that we honor only what is ordered by a judge (ex. pick up arrangements). We cannot withhold children from either parent unless it is ordered by



Parent Handbook Policies

We hereby state that we have received a parent handbook and understand and will adhere to all policies and procedures stated within.

Parent/ Guardian Signature: _____

Date _____



Activities that are not supervised by a primary staff:

I agree that my child can take part in activities such as peer role model pull outs, walks, sessions in sensory rooms, being taken to the bathroom, etc accompanied by an educational assistant and or an approved service provider such as speech, occupational, play, behavioral and physical therapists and not primary staff. These activities may take place in or out of the classroom however never outside of the building.

Parent Signature _____ Date _____

Release of Information to agreed upon agencies

Should your child start receiving supports from agreed upon agencies, you are consenting that Building Blocks can share information that would enhance programming needs with them.

Parent Signature: _____ Date: _____

Consent for Photos on Facebook



By signing below, I agree that my child's picture can be posted on Building Blocks Childcare Centres' Facebook page along with crafts, field trip and day to day activities. Your child's name would never be posted.

Parent Signature: _____

Date: _____



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Building Blocks Childcare Centres Medicine Hat, Alberta

Four Locations To Serve You Better

Crescent Heights, Ross Glen,

Southlands and Southview.

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