BUILDING BLOCKS CHILDCARE CENTRES
LOVE | LAUGHTER | FRIENDSHIP | FAMILY

REGISTRATION FORM

Registration Form 2026 / 2027

CHILD INFORMATION

Child's Full Name

Nickname

Birth Date (Month/Day/Year)

Date of Enrollment

Address

City

Province

Postal Code

Home Phone/ Cell

Alberta Health Care Number

MOTHER'S / GUARDIAN INFORMATION

Mother's Full Name

Mother's Address

City

Province

Postal Code

Mother's Home Phone/ Cell

E-mail

Mother's Employer

Work Phone

Ext.

FATHER'S / GUARDIAN INFORMATION

Father's Full Name

Father's Address

City

Province

Postal Code

Father's Home Phone/ Cell

E-mail

Father's Employer

Work Phone/ Cell

Ext.

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EMERGENCY & MEDICAL

Registration Form 2026 / 2027

EMERGENCY CONTACT

Other than parents/guardian - must be a local address

Name

Home Phone

Work phone

Emergency Contact Address

City

Province

Postal Code

Relationship to Child

AUTHORIZED PICK-UP PERSONS

Besides Parents/Guardians or Emergency Contacts

#1 Name

Phone Number

#2 Name

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 Check) ◯ 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 Check and describe if yes) ◯ YES ◯ NO

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

403 504 7544 | www.bbps.ca | andrea@bbps.ca

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CONSENTS & POLICIES

Registration Form 2026 / 2027

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 Check) ◯ 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 _____

PERMISSIONS & CONTACT

Registration Form 2026 / 2027

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 _____

PHOTOGRAPH CONSENT

Building Blocks Childcare Centres regularly takes photographs of children participating in classroom activities, special events, celebrations, field trips and other experiences that are part of our childcare and educational programs.

I understand that photographs may be taken of my child individually and with other children attending Building Blocks Childcare Centres. These photographs will be used only for purposes related to Building Blocks Childcare Centres, which may include classroom and centre displays, documentation of children's activities and learning experiences, year end books, Kindergarten Yearbooks and other keepsakes or materials created for children and families within the centre.

I understand that photographs taken under this consent will not be used for public advertising, promotional materials, social media or other public purposes without separate consent from the parent or guardian.

Parent Signature _____ Date _____

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Building Blocks Childcare Centres Medicine Hat, Alberta

Three Locations To Serve You Better

Crescent Heights • Southlands • Southview

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