

# EVERGREEN ACADEMY INC.

## STEPPING STONES REGISTRATION FORM

### FOR OFFICE USE ONLY

- Registration Fee
- Enrolment Contract
- Stepping Stones Forms
- Medical Form
- Immunization
- Birth Certificate

CHILD INFORMATION			
Last Name:	First Name:	Middle Name:	
Birth Date:	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
FAMILY INFORMATION			
Parent/Guardian Last Name:	Parent/Guardian First Name:	Relationship to Child:	
Street address:	City:	Postal Code:	
Email Address:	Home Phone:	Cell Phone:	
Employer Name:	Employer Address:	Employer Phone:	
ALTERNATE PARENT/GUARDIAN INFORMATION (Leave address blank if same as above)			
Parent/Guardian Last Name:	Parent/Guardian First Name:	Relationship to Child:	
Street address:	City:	Postal Code:	
Email Address:	Home Phone:	Cell Phone:	
Employer Name:	Employer Address:	Employer Phone:	
Is there a custody agreement regarding this child? If so, please provide details (attach additional pages if necessary):			
MEDICAL INFORMATION			
Does your child have any allergies or special needs that we should be aware of?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Please provide information on any medical, psychological, or behavioural conditions, medications, allergies, dietary or activity restrictions, or special needs that we need to be aware of to ensure that your child's experience is positive. (Note: detailed medical form to follow if necessary)			
EMERGENCY CONTACT #1 (Someone other than yourself)			
Name of local friend or relative	Relationship to child:	Home Phone:	Cell Phone:
EMERGENCY CONTACT #2 (Someone other than yourself)			
Name of local friend or relative	Relationship to child:	Home Phone:	Cell Phone:

**CHILD INFORMATION**

Is your child able to use the toilet themselves? (If not please provide additional info)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does your child require an afternoon nap?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does your child have dietary restrictions? (If so, please provide additional information)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is English the language spoken at home?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does your child celebrate Christmas, Halloween and similar holidays?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is your child a Canadian Citizen?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**PROGRAM CHOICES (Please Check All That Apply)**

<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
<input type="checkbox"/> I would like Evergreen to provide drinks/snacks for my child		<input type="checkbox"/> I will provide drinks/snacks for my child		

**EXTENDED HOURS (Please Check All That Apply)**

<input type="checkbox"/> 7:00 – 8:30am	<input type="checkbox"/> 7:30 – 8:30am	<input type="checkbox"/> 8:00 – 8:30am	<input type="checkbox"/> 3:30 – 4:00pm	<input type="checkbox"/> 3:30 – 4:30pm	<input type="checkbox"/> 3:30 – 5:00pm
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**ADDITIONAL INFORMATION: PLEASE USE THIS SPACE TO PROVIDE US WITH ANY INFORMATION YOU FEEL WILL BE BENEFICIAL****ACKNOWLEDGEMENT – PLEASE SIGN**

Personal information contained on this form and any other correspondence relating to involvement in Evergreen Academy Inc. programs is collected under the authority of the Municipal Freedom of Information and Protection of Privacy Act and their Regulations, as amended. It will be used for registration, administrative, communication, educational and reporting purposes. The information may be shared with educational support workers employed by Evergreen Academy Inc., or with other employees to carry out their job duties or with providers of child transportation. In addition, the information may be used for matters of health and safety or discipline and is required to be disclosed in compelling circumstances or for law enforcement or in accordance with any other Act. Medical information will be shared with employees and those transporting children in order to ensure their health and safety.

In case of Emergency, Evergreen Academy Inc. is authorized to seek medical attention from emergency services. I understand that every precaution is taken to secure the safety of each child; however in case of an accident, I agree to release Evergreen Academy Inc. from any liabilities.

Be advised that any email address provided by you may be used to communicate with you. Furthermore, by providing your personal information to us, you consent to receive information from us, our representatives or our employees. You may contact us at [learn@evergreenacademy.ca](mailto:learn@evergreenacademy.ca) at any time regarding your personal information and to request corrections to such information.

Acknowledgement: I verify that the information on this form is true and accurate. I understand it is my responsibility to keep the school advised of any change in the above information as soon as possible.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date