

ADDITIONAL INFORMATION TO BE COLLECTED BY KINDERGARTEN REPRESENTATIVE

REGISTRATION FEE RECEIVED: _____

PROGRAM FEE RECEIVED: _____

PROOF OF AGE:

CANADIAN BIRTH CERTIFICATE # _____ OTHER: _____

ALBERTA HEALTH CARE # _____

DATE REGISTRATION RECEIVED: _____ BY: _____

4. Does your child have a history of hearing problems or ear infections? Please provide details.

5. Does your child have any vision problems? Please describe.

6. Does your child have a skin condition? (eg. eczema) Describe treatment.

7. Does your child take any medication on a regular basis? Please provide details including name, dosage and prescribing physician.

8. Is there any other information or situations which may affect your child during the school year that it would be helpful for the teacher to be aware of? All information is confidential.
