



For Admin Use Only:
3 yr or 4 yr program (circle)
Start Date:
Complete:
G-mail:

REGISTRATION FORM: September 2017 - June 2018

Please circle the days and time you would like to register your child in

Days: M/W/F or Tu/Th Time: AM or PM

Please fill out ALL sections. If something does not apply, write n/a or none

STUDENT INFORMATION:

Student's Name _____
Surname First

Date of Birth (mth/day/year) _____ Gender (Circle): M / F

Home Address _____

City _____ Province _____ Postal Code _____

Home Phone # _____

PARENT/GUARDIAN INFORMATION:

Email Address _____

We use this to send out monthly newsletters and to keep you up to date with the goings on in the program

Mother/Guardian _____ Cell phone # _____

Address (if different from Student, if same, leave blank) _____

City _____ Province _____ Postal Code _____

Home Phone # (if different from Student) _____ Work Phone # _____

Father/Guardian _____ Cell phone # _____

Address (if different from Student, if same, leave blank) _____

City _____ Province _____ Postal Code _____

Home Phone # (if different from Student) _____ Work Phone # _____

Are both parents/guardians authorized to pick up your child? Yes _____ No _____ If no, please provide details _____

Is there a custody order in place? Yes _____ No _____ If yes, please explain and **provide a copy of the order** _____

EMERGENCY CONTACTS: (OTHER THAN parent(s)/guardian(s) listed above)

Name _____ Home Phone # _____

Work Phone # _____ Cell Phone # _____

Relationship to Student: _____ Address _____

Name _____ Home Phone # _____

Work Phone # _____ Cell Phone # _____

Relationship to Student: _____ Address _____

ADULTS AUTHORIZED TO PICK UP CHILD: (Other than parent(s)/guardians & emergency contacts)

Name _____ Relationship to Student: _____

Home Phone # _____ Cell Phone # _____

Name _____ Relationship to Student: _____

Home Phone # _____ Cell Phone # _____

Name _____ Relationship to Student: _____

Home Phone # _____ Cell Phone # _____

MEDICAL INFORMATION:

Alberta Health Care Number _____

Doctor's Name _____ Doctor's Phone # _____

Immunizations up to date? Yes _____ No _____ If no, please provide reason why: _____

I understand my child, _____, is attending a program where he/she may be in contact with other persons carrying a communicable disease. I do not hold A Child First Preschool Inc. liable for exposure to any such disease during the program.

Does your child have any allergies? Yes _____ No _____

If yes, please explain type and typical reactions _____

Is your child on any medication? Yes _____ No _____ If yes, please describe _____

Would this medication be needed during preschool hours? Yes _____ No _____ N/A _____



PAYMENT:

Ten (10) cheques, post-dated for the first day of August through May, are required upon registration as payment for the ten school months of September through June, respectively. Please see the second to last page for amounts per class. Late arrivals into the program are required to provide a cheque for the current and following month upfront, as well as a post-dated cheque for each of the subsequent months, as noted above. All programs have a \$75.00 non-refundable registration fee due on the registration date.

A \$40 NSF fee will be added to any NSF cheque and payment in cash or certified cheque will be required for that payment

DISCIPLINE POLICY:

At A Child First Preschool, we provide a positive approach to discipline and all children are loved unconditionally. Physical punishment is strictly prohibited. We stay calm and gain the child's attention by saying his/her name, bending down to establish eye contact and speaking in a calm and controlled voice. We take the time to talk and listen to help resolve the situation. We acknowledge the child's feelings and remind him/her of the limits. We focus on the behaviour as unacceptable, not the child or his/her character. Finally we reassure the child with a hug and a smile. It can help to distract the child or redirect him/her to a new toy or activity. We guide children toward acceptable positive behaviour and encourage problem solving together.

Sometimes children need time to calm down if they are having difficulty controlling their behaviour. A body-break is used only to give the child a chance to regain control; it is a break, not a punishment, confinement or isolation. Once the child has calmed down, we will talk to him/her about his/her feelings and actions. If we identify a pattern of behaviour that is of concern, parents will be notified to try to find a mutually acceptable method of addressing the issue. Under no circumstance will there be any physical or verbal abuse, emotional deprivation, physical degradation, physical restraint, confinement or isolation. Any disciplinary action taken must and will be reasonable given the situation, and at no time will we deny or threaten to deny any basic necessity.

WITHDRAWAL POLICY:

A minimum one (1) month written notice of withdrawal is required on or before the 1st of the month prior to the month leaving, whereupon your remaining post-dated cheques following the notice will be destroyed. For example, if you are withdrawing November 18th, notice must be given on or before October 1st, not October 18th. We do not prorate the monthly preschool fees for withdrawals.

Temporary absences, such as a vacation or illness, will not be deducted from the monthly fees. The preschool generally follows the Calgary Public School Board holiday and school closure schedules.

I have read, understood and I agree to comply with all the policies of A Child First Preschool Inc., including all those found in the Parent Handbook. I understand that A Child First Preschool reserves the right to release my child from the program if there is a failure to comply with the guidelines in the Parent Handbook or failure to make monthly payments.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

A Child First Preschool Inc. Off Premises Consent Form

Child's First Name _____ Child's Last Name _____

The above named child has my permission to leave the school premises under the supervision of A Child First Preschool Inc. staff for nature walks, outings to community playgrounds, outings to local community businesses, road safety awareness activities and lessons. For all of these off premises activities, the mode of transportation used will be walking only, and will never be farther than 2 blocks away. I understand that my child will be supervised at all times and that regulated staff/child ratio will be maintained at all times.

I understand that there are risks associated with the activities named above. In case of accident or any personal injury of the above named child, I hereby release and discharge A Child First Preschool Inc. or any of its directors, teachers, employees or parent volunteers, from any claims, actions and causes of action arising from any accident or loss caused by the participation of the child named above during any activity held at this location, or during any off-premises outing or at any location where the program is held, or on route to/from any activity.

Any other special excursions that would be farther than 2 blocks away will require a separate consent form to be filled out and signed before the planned special excursion.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

A Child First Preschool Inc. Emergency Release Consent to Emergency First Aid & Transportation

I hereby give permission that my child, _____, may be given emergency treatment by a staff member of A Child First Preschool Inc. certified in First Aid. I also give permission for my child to receive emergency medical services if needed and/or for my child to be transported by ambulance to an emergency centre for treatment, and agree to hold A Child First Preschool Inc. or any of its directors, teachers, or employees, harmless. I understand that the cost of any emergency transportation is my responsibility, not the responsibility of A Child First Preschool Inc.

In case of emergency, the staff of A Child First Preschool Inc. will contact Emergency Medical Services and the parents or emergency contact person. The staff of A Child First Preschool Inc. will fill out an Incident Report to be kept on file at the preschool.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

A Child First Preschool Inc.

Media Consent Form

I hereby consent to the use of any photographs, video tape or audio record taken of my child by A Child First Preschool Inc. to be used within the classroom of A Child First. I also consent to my child's **WORK** being published **within the classroom**. A Child First Preschool Inc. will always protect the privacy of the students. Any student and/or their school work will be identified by first name only. No last names will be mentioned.

Please print

Child's First Name _____ Child's Last Name _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

FEE STRUCTURE:

| McKenzie Lake | | |
|---|---------|--------------|
| Tues/Thurs (AM or PM) | 2.5 hrs | \$205.00/mth |
| M/W/F (AM or PM) | 2.5 hrs | \$250.00/mth |
| Lake Chaparral | | |
| Tues/Thurs (AM or PM) | 2.5 hrs | \$205.00/mth |
| M/W/F (PM) | 2.5 hrs | \$250.00/mth |
| M/W/F (AM JK) | 3.0 hrs | \$315.00/mth |
| McKenzie Towne | | |
| Tues/Thurs (AM or PM) | 2.5 hrs | \$205.00/mth |
| M/W/F (AM or PM JK) | 3.0 hrs | \$315.00/mth |
| 5 days per week (4 year olds only): combine our 2 day & 3 day programs - \$25 discount applies. | | |

PORTABLE RECORD FORM

This is the record we take with us whenever we leave the program for nature walks, outings, etc.

STUDENT INFORMATION:

| | |
|--|---|
| Full Name: | Date of Birth (M/D/Y): |
| Home Address: | City: Postal Code: |
| Alberta Health Care Number | Immunizations up to date?: Yes ____ No ____ |
| Does your child have any allergies? Yes ____ No ____ | If yes, please explain: |
| Is your child on any medication? Yes ____ No ____ | If yes, please explain: |
| Would this medication be needed during preschool hours? Yes ____ No ____ N/A ____ | Any other health concerns? |

PARENTS INFORMATION:

| | |
|---|-------------|
| Mother's Name: | Cell Phone: |
| Home Address: | Home Phone: |
| City: Postal Code: | Work Phone: |
| Father's Name: | Cell Phone: |
| Home Address: | Home Phone: |
| City: Postal Code: | Work Phone: |

EMERGENCY CONTACTS: (OTHER THAN parent(s)/guardian(s) listed above)

| | |
|----------------------|-------------|
| Contact Name: | Cell Phone: |
| Home Address: | Home Phone: |
| City: | Work Phone: |
| Contact Name: | Cell Phone: |
| Home Address: | Home Phone: |
| City: | Work Phone: |