



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

**CHAPARRAL REGISTRATION FORM: September 2025 - June 2026**

**\*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 (month/day/year) \_\_\_\_\_ Gender (Circle): M / F

Home Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Primary Phone # \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION:**

Email Address \_\_\_\_\_

**\*Required to receive monthly newsletters, calendars and program updates\***

**Parent/Guardian** \_\_\_\_\_ Cell phone # \_\_\_\_\_

Address (if same as student, leave blank) \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone # (if same as student, leave blank) \_\_\_\_\_ Work Phone # \_\_\_\_\_

**Parent/Guardian** \_\_\_\_\_ Cell phone # \_\_\_\_\_

Address (if same as student, leave blank) \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone # (if same as student, leave blank) \_\_\_\_\_ Work Phone # \_\_\_\_\_

Are both parents/guardians authorized to pick up your child? Yes \_\_\_\_\_ No \_\_\_\_\_ if no, please explain:

Is there a custody order in place? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain (*a copy of the custody order must be provided*): \_\_\_\_\_

**EMERGENCY CONTACTS: (other than parent(s)/guardian(s) listed above)**

Name \_\_\_\_\_ Home Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Name \_\_\_\_\_ Home Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

**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:**

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: \_\_\_\_\_

Does your child require any emergency medication(s)? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list which medication(s) and describe what signs and symptoms your child may have:

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

**\*The Medical Consent Form MUST be filled out if medication is or may be needed during preschool hours\***

Any other relevant health information (past or present) about your child that we should be aware of? \_\_\_\_\_

**GENERAL INFORMATION ABOUT YOUR CHILD**

Siblings & ages: \_\_\_\_\_

Language(s) child speaks at home: \_\_\_\_\_

Is this your child's first activity outside the home? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child struggle with speech/language? Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, please provide details: \_\_\_\_\_

Does your child have any behavioural or developmental concerns that you think we should be aware of?

Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, please provide details: \_\_\_\_\_

Has your child spent time with other preschool children? Yes \_\_\_\_\_ No \_\_\_\_\_

Anything else you would like us to know about your child? \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**To ensure a space for your child, we require the following:**

- Registration fee of \$80.00 in cash or by e-transfer due on date of registration (non-refundable);
- Completed and *signed* Pre-Authorized Debit Agreement, dated September to June of the school year you are registering for (attached). Please note that the "Full Fee to be Paid" box must be marked for the class your child is enrolled in;
- Completed and signed Registration Form including all policies and consents;
- Completed and signed Portable Record Form (required by licensing - attached to this Form);
- Completed and signed Medication Administration Form, if applicable (see Teacher).

\***ALL** children must be toilet trained to attend preschool.

\*3 year old classes: child has to be three before they can start.

\*JK classes: child can start any time but must turn 4 by Dec 31 of the current school year.

Note: Alberta Kindergarten age requirement – child must turn 5 by Dec 31 of the current school year.

How did you hear about us? \_\_\_\_\_

## CHILD GUIDANCE POLICY:

At A Child First Preschool, we provide a positive approach to child guidance that is reasonable in the circumstances and all children are loved unconditionally. Physical punishment is 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, 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 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 offered 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 necessity.

## PAYMENT:

Payment, through the pre-authorized debit agreement for the first day of September through June, is required upon registration as payment for the ten school months of September through June. Late arrivals into the program are required to provide payment for the current month upfront through pre-authorized debit or e-transfer as well as pre-authorized debit for each of the subsequent months, as noted above. All programs require an \$80.00 non-refundable registration fee due per family on the registration date in the form of cash or e-transfer. Please note that the monthly fees will not be prorated for any reason. There will be no refunds for missed days unless due to a province-wide closure. The preschool follows the Calgary Public School Board holiday and school closure schedules.

**\*A \$20 NSF fee will be added to any NSF payment. Payment in cash, or e-transfer will be required for that payment\***

## WITHDRAWAL POLICY:

**September through April** - 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 Pre-Authorized Debit Agreement will be cancelled. For example, if you are withdrawing November 1st, notice must be given **on or before** October 1st.

**May and June** - A minimum two (2) months written notice of withdrawal is required **on or before** the 1st of the month prior to the month leaving, whereupon your Pre-Authorized Debit Agreement will be cancelled. If you are withdrawing May 1st, notice must be given **on or before** March 1st. If you are withdrawing June 1st, notice must be given **on or before** April 1st.

*We do not prorate the monthly fees for withdrawals. Temporary absences, such as a vacation or illness, will not be deducted from the monthly fees.*

Failure to provide one (1) month written notice of withdrawal for September through April will result in A Child First Preschool Inc. withdrawing one more monthly payment. The final monthly payment would include all fees that are not able to be recovered from Subsidy and or the Affordability Grant, if applicable.

Failure to provide two (2) months written notice of withdrawal for May and June will result in A Child First Preschool Inc. withdrawing two more monthly payments. The two final monthly payments would include all fees that are not able to be recovered from Subsidy and or the Affordability Grant, if applicable.

Continued on next page...

I have read, understood and I agree to comply with all the policies of A Child First Preschool Inc., including all those listed above and 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 \_\_\_\_\_

As part of our programming, we occasionally take the children on nature walks, outings to community playgrounds, and outings to local community businesses. For all of these off premises activities, the mode of transportation used will be walking only, and will always be within reasonable walking distance. I understand that my child will be supervised at all times and that the regulated staff to child ratio of 1:12 will be maintained at all times. If there are more than 6 children in attendance then 2 staff will also be present at all times. Staff will take attendance before they leave, when they arrive at the off-site location, periodically during their time at the off-site location and when they return. All off site activities will be during program hours and a sign will be posted at the door to our program stating where we went, how to reach us while off-site, when we will be leaving and when we will be coming back, along with our staff to child ratio. We will never be off-site for longer than 2 hours.

I understand that I will be notified of any off premises field trips in advance via email and/or verbally at drop off. I understand that most field trips are planned in advance but that occasionally there will be spontaneous outdoor activities if the weather is nice. In these cases, I understand that I will be notified of these when I drop off my child(ren).

The above-named child has my permission to go to and use the following off-site locations listed below, under the supervision of A Child First Preschool Inc. staff during the months of September to June of the school year this consent form applies to. By signing this consent form I understand that my child will use these off-site areas listed below as part of the regular programming that takes place at A Child's First Preschool – Chaparral during any times of regular class schedule for the purposes of meeting the gross motor development of the children and giving them the opportunity to participate in outdoor recreational activities. I understand that I will be notified of these outings as described above. While the program uses these off-site spaces, I understand that the program will adhere to the supervision policy that is provided in the parent handbook and described above. The mode of transportation used will be walking only, and will always be within reasonable walking distance.

- The grassy area located immediately out the back door of the preschool (214 – 10 Chaparral Dr SE)
- The fields/green space at St. Sebastian school (65 Chaparral Dr SE)
- Walk around the shopping complex that the preschool is located in (10 Chaparral Dr SE)
- Walk around the block (west on Chaparral Dr SE to Chaparral Rd SE and back)

For all other non-regular occurring off-site activities (e.g. visits to local businesses), I understand that I will have to sign a separate consent page detailing the activity of each field trip before my child(ren) can attend each field trip.

Continued on next page...

If I am not dropping off my child on a day that a consent form is being signed, whoever it is that drops off my child(ren) that day has my consent to sign and give permission for the field trip. Below is a list of names who may be dropping off my child and who have my permission to sign the consent forms:

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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, 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 other activity.

Please note that if you do not give permission for your child to attend an off-site excursion, then your child will not be able to attend the program on any day that we are going to do that off-site activity as all staff will be going to the off-site activity.

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, employees or parent volunteers, 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 only of A Child First.** I also consent to my child's **WORK** being published within the classroom and on A Child First Preschool's Facebook page, Instagram and website. 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.

Child's First Name \_\_\_\_\_ Child's Last Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# A Child First Preschool Inc.

## Facebook, Instagram & Website Photo Consent Form

Pictures and/or videos of the children (without their faces) can be posted on A Child First Preschool's Facebook page, Instagram and website. From time to time we would like to post pictures and/or videos of the children with their faces showing. Please indicate below your consent or withdrawal of consent to showing your child's face in the photographs and/or videos posted on A Child First Preschool's Facebook page, Instagram and website. Any student will be identified by first name only, no last names will be used.

Yes I give permission for my child's face to show in photographs and/or videos posted on A Child First Preschool's Facebook page, Instagram and website.

No I do not give permission for my child's face to show in photographs and/or videos posted on A Child First Preschool's Facebook page, Instagram and website.

Child's First Name \_\_\_\_\_ Child's Last Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*\*FOR STAFF ADMINISTRATIVE USE ONLY\*\*\***

New Registration Checklist (mid-year starts):	Initial When Complete:
Registration form, consents and portable record are complete	
Place PAD, void cheque (if applicable) and reg fee in director's folder for pick up	
File portable record in portable binder	
File registration form in registration binder	
Go over following sections: custody issues, allergies, medical concerns, health information, off premises consent, Facebook/Instagram consent.	
Move medication consent forms, if any, to portable binder	
Update class list in registration binder (and portable record binder if applicable)	
Update allergy list if applicable	
Add child's name to birthday chart	
Create a special helper tag and coat hook tag	
Update student in/out sheets	
Update Off premises consent tracking sheet (re: who's authorized to sign)	
Update Facebook/Instagram consent tracking sheet	



## PORTABLE RECORD FORM

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

### STUDENT INFORMATION:

<b>Full Name:</b>	Date of Birth (M/D/Y):
Home Address:	City: <span style="float: right;">Postal Code:</span>
Any health concerns?	Immunizations up to date?: Yes _____ No _____
Does your child have any allergies? Yes _____ No _____	If yes, please explain the allergy:
Is your child on any emergency medication? Yes _____ No _____	If yes, please list which medication(s) and describe what signs and symptoms your child may have:
Would this medication be needed during preschool hours? Yes _____ No _____ N/A _____	

### PARENTS INFORMATION:

<b>Parent/Guardian Name:</b>	Cell Phone:
Home Address ( <i>if same as student, leave blank</i> ):	Home Phone:
City: <span style="float: right;">Postal Code:</span>	Work Phone:
<b>Parent/Guardian Name:</b>	Cell Phone:
Home Address ( <i>if same as student, leave blank</i> ):	Home Phone:
City: <span style="float: right;">Postal Code:</span>	Work Phone:

### EMERGENCY CONTACTS: (other than parent(s)/guardian(s) listed above)

<b>Contact Name:</b>	Cell Phone:
Work Phone:	Home Phone:
<b>Contact Name:</b>	Cell Phone:
Work Phone:	Home Phone:

## PORTABLE RECORD FORM (page 2)

### ADULTS AUTHORIZED TO PICK UP CHILD: (OTHER THAN parent(s)/guardian(s) & emergency contacts)

<b>Contact Name:</b>	Cell Phone:
Work Phone:	Home Phone:
<b>Contact Name:</b>	Cell Phone:
Work Phone:	Home Phone:
<b>Contact Name:</b>	Cell Phone:
Work Phone:	Home Phone:



**CHAPARRAL PRE-AUTHORIZED DEBIT (PAD) AGREEMENT – 2025/2026**

**\*ALL INFORMATION MUST BE FILLED OUT\***

**1. Account Holder Information:**

Name (First and Last): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Child Attending our Program: \_\_\_\_\_

Class Your Child is Attending: (e.g. 3 Day AM) \_\_\_\_\_

**2. Bank Account Information: (CANNOT BE A LINE OF CREDIT ACCOUNT)**

**ATTACH A VOID CHEQUE TO THIS FORM OR FILL OUT THIS BANKING INFORMATION**

Bank Account #: \_\_\_\_\_ 5-digit Transit #: \_\_\_\_\_ 3-digit Institution #: \_\_\_\_\_

Type of Account (check one):  Chequing Account  Savings Account

Financial Institution: Name: \_\_\_\_\_

Full Address: \_\_\_\_\_

**3. Pre-Authorized Debit (PAD) Details:**

**\*Preschool Students who receive the Affordability Grant Funding will be required to pay the full parent portion of the program/class fee each month. All families will be required to pay the full program/class fee if the proper written notice of withdrawal is not given as per the withdrawal policy\*** I, the undersigned, authorize the Payee, A Child First Preschool Inc. to make monthly pre-authorized debits (PAD) from my bank account identified above on or after the first of each month per the following time frame/amounts:

From (First Month/Year): \_\_\_\_\_ To (Last Month/Year): \_\_\_\_\_

Amount each month (*see fee schedule page 2*): \_\_\_\_\_

**\*Full fee to be paid without the affordability grant, if applicable:**

\$360.00 3-Day AM  \$360.00 3-Day PM  \$240.00 2-Day AM  \$240.00 2-Day PM

**These services are for (check one):**

Personal/Individual PAD  Business PAD

I, the Payor, may revoke my authorization at any time by giving the Payee, A Child First Preschool Inc. 30 days prior written notice for September through April and 60 days prior written notice for May and June. Such written notice may be provided by either email or a hand written note to the Payee, A Child First Preschool Inc. For more information on your rights to cancel a PAD Agreement, you may contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

I acknowledge that the delivery of this authorization to the Payee constitutes delivery by me to the PAD institution.

I agree that the financial institution at which I maintain the account is not required to verify that the payment is debited in accordance with this authorization. I also certify that every person whose signature is required for the operation of the account identified above has signed this authorization.

I shall inform the Payee, in a timely manner, of any changes to this agreement.

**I acknowledge that I am waiving my right to receive pre-notification of the amount of the PAD and agree that I do not require advance notice of the amount and date of PAD's before the debit is processed.**

**Signature of Account Holder:**

**Signature of Joint Account Holder:**

*(only if 2 Signatures are required on your cheques)*

\_\_\_\_\_

\_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Date:** \_\_\_\_\_

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca). When the form is complete, please hand in with your registration form. Alternatively, please email the completed form to [info@achildfirstpreschool.com](mailto:info@achildfirstpreschool.com). You can also use this email for any inquiries, to obtain information or seek recourse.

### Chaparral Fee Structure & Class Times

Monday/Wednesday/Friday AM Junior Kindergarten	3.0 hours	9:15 – 12:15	*\$260.00/month
Monday/Wednesday/Friday PM (3/4 year olds)	3.0 hours	1:00 – 4:00	*\$260.00/month
Tuesday/Thursday AM (3/4 year olds)	2.5 hours	9:10 – 11:40	*\$140.00/month
Tuesday/Thursday PM (3/4 year olds)	2.5 hours	12:40 – 3:10	*\$140.00/month

**Registration Fee (non-refundable) - \$80.00/family**

**5 days/week – combine 2 day & 3 day, \$25 discount applies**

**\*NOTE'S:**

**As of April 1st, 2025 the Alberta Government will be paying \$100/student/month towards fees for every child registered in a licensed preschool. This discount is already reflected in the fees above. The fees above are the parent portion of our fees. If at any time the government withdraws the \$100 monthly funding, please note that the parent portion of the fees would be increased by \$100 per month. We will notify you via email if this occurs.**

**Subsidy is no longer available for preschool families as of April 1<sup>st</sup>, 2025.**