



<b><u>For Admin Use Only</u></b>	
Start Date:	
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## CHAPARRAL PRESCHOOL REGISTRATION RENEWAL FORM

I hereby consent to the use of my child's (named below) most current registration package for the preschool program within A Child First Preschool Inc. for the 2025/2026 school year. I verify by initialing the items below that no important or necessary information for my child has changed and any changes that need to be made will be made by me and given to A Child First Preschool Inc. for the upcoming school year. Any policies from the previous school year that have been updated will be given to you for review if signatures are needed. An updated parent handbook will be emailed to you prior to your child starting preschool.

**Initial each line for approval to keep the same information for the 2025/2026 school year that appears on your child's current registration package.**

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| <p>_____ Student's Address</p> <p>_____ Parent/Guardian Email Address</p> <p>_____ Parent/Guardian Phone numbers</p> <p>_____ Parent/Guardian Addresses</p> <p>_____ Are both parents/guardians authorized for pick up?</p> <p>_____ Is there a custody order in place?</p> <p>_____ Emergency Contacts</p> <p>_____ Adults Authorized to Pick Up Child</p> <p>_____ Medical Information</p> <p>_____ Child's Allergies &amp; Symptoms</p> | <p>_____ Medication Required for your Child</p> <p>_____ Additional information pertaining to child</p> <p>_____ Payment Policy</p> <p>_____ Withdrawal Policy</p> <p>_____ Off Premises Consent Form</p> <p>_____ Media Consent Form</p> <p>_____ Emergency Release Consent to Emergency First Aid &amp; Transportation</p> <p>_____ Facebook, Instagram &amp; Website Photo Consent Form</p> |
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Changes needed for my child's 2025/2026 registration package are as follows:

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I, \_\_\_\_\_ (print parent/guardian name) have read, reviewed, and made any important or necessary changes to the registration package.

**Please print**

Class your child **will be** attending in the 2025/2026 school year (example - 2 Day AM): \_\_\_\_\_

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

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

Receiving Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

- \$80 yearly non-refundable registration fee *per family*;
- Completed and signed Registration Renewal Form (returning families only);
- 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 Medication Administration Form, if applicable (see Director).

## 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.

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

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

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.

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 \_\_\_\_\_



**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.**