



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

**CHAPARRAL REGISTRATION FORM: September 2018 - June 2019**

**\*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 \_\_\_\_\_

**\*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: Sister(s) \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

Brother(s) \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

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

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:**

- Deposit: Registration fee of \$80.00 in cash or cheque due on date of registration (non-refundable);
- 10 payments (August 1, 2018 to May 1, 2019) through Pre-Authorized Debit Agreement (attached);
- Completed and signed Registration Form;
- Completed and signed Portable Record Form (required by licensing - attached to this Form);
- Completed and signed Policies Forms (3 pages - attached to this Registration Form);
- Completed and signed Pre-Authorized Debit Agreement (PAD) (attached to this Registration Form);
- Completed and signed Medication Administration Form, if applicable (see Teacher).

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

\_\_\_\_\_



**PAYMENT:**

Payment, through Pre-Authorized Debit agreement for the first day of August through May is required upon registration as payment for the ten school months of September through June, respectively. Late arrivals into the program are required to provide payment for the current and following month upfront through pre-authorized debit, as well as pre-authorized debit for each of the subsequent months, as noted above. All programs have an \$80.00 non-refundable registration fee due on the registration date in the form of either cash or cheque.

**\*A \$40 NSF fee will be added to any NSF payment. 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 Pre-Authorized Debit Agreement will be cancelled. 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 \_\_\_\_\_

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. 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 when we will be leaving and when we will be coming back. We will never be off-site for longer than 2 hours.

The above named child has my permission to leave the program premises under the supervision of A Child First Preschool Inc. staff for the following off-site activities during the months of September to June of the current school year:

## **\*INDICATE CONSENT BY CHECKING OFF EACH BOX YOU GIVE CONSENT FOR\***

<input type="checkbox"/>	Tim Horton's (103 - 10 Chaparral Dr SE) 1 minute walk each way. Activity: Sampling food off their menu
<input type="checkbox"/>	Urban Eyecare (107-10 Chaparral Dr SE) 1 minute walk each way. Activity: learning about our community businesses
<input type="checkbox"/>	Chaparral Chiropractic Wellness Centre (206 – 10 Chaparral Dr SE) 1 minute walk each way. Activity: learning about our community businesses
<input type="checkbox"/>	Lake Chaparral Dental Care (202 – 10 Chaparral Dr SE) 1 minute walk each way. Activity: learning about our community businesses
<input type="checkbox"/>	Pizza 73 (218 - 10 Chaparral Dr SE) 1 minute walk each way. Activity: Sampling food off their menu
<input type="checkbox"/>	Grassy area at back of the preschool (214 – 10 Chaparral Dr SE) 0 minute walk each way. Activity: outdoor recreational activities
<input type="checkbox"/>	Walk around the shopping complex that the preschool is located at (10 Chaparral Dr SE) 5 minute walk total. Activity: outdoor recreational activities
<input type="checkbox"/>	St. Sebastian School playground/grassy field (65 Chaparral Dr SE) 4 minute walk each way. Activity: outdoor recreational activities
<input type="checkbox"/>	Playground at Chaparral Rd SE & Chaparral Way SE 3 minute walk each way. Activity: outdoor recreational activities
<input type="checkbox"/>	Walk around the block (West on Chaparral Dr SE, to Chaparral Rd SE and follow back to preschool) 8 minute walk total. Activity: outdoor recreational activities

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.

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 other 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, 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 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. 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 Photo Consent Form

Pictures of the children (without their faces) can be posted on A Child First Preschool's Facebook page. From time to time we would like to post pictures 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 posted on A Child First Preschool's Facebook page. 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 posted on A Child First Preschool's Facebook page.

No I do not give permission for my child's face to show in photographs posted on A Child First Preschool's Facebook page.

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

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

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

## FEE STRUCTURE:

<b>McKenzie Lake</b>		
Tues/Thurs (AM or PM)	2.5 hrs	\$210.00/mth
M/W/F (PM)	2.5 hrs	\$260.00/mth
M/W/F (AM JK)	3.0 hrs	\$320.00/mth
<b>Lake Chaparral</b>		
Tues/Thurs (AM or PM)	2.5 hrs	\$210.00/mth
M/W/F (PM)	2.5 hrs	\$260.00/mth
M/W/F (AM JK)	3.0 hrs	\$320.00/mth
<b>McKenzie Towne</b>		
Tues/Thurs (AM or PM)	2.5 hrs	\$210.00/mth
M/W/F (PM)	2.5 hrs	\$260.00/mth
M/W/F (AM JK)	3.0 hrs	\$320.00/mth
<b>5 days per week (4 year olds only): \$25 discount applies.</b>		

### \*\*\*FOR ADMINISTRATIVE USE ONLY\*\*\*

	Initial When Complete:
New Registration Checklist (mid-year starts):	
Registration form, consents and portable record are complete	
Fill out and attach "current year" cheque slip to PAD	
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 consent.	
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	
Update Facebook consent tracking sheet	





## PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

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

### 1. Account Holder Information:

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

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

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

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

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

Location Your Child is Attending: \_\_\_\_\_

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

### 2. Bank Account Information:

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

Bank Account Number: \_\_\_\_\_ Transit Number: \_\_\_\_\_ Institution Number: \_\_\_\_\_

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

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

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

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

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:

**\*NOTE THAT WHEN FILLING OUT THE DATES BELOW, FEES ARE PAID 1 MONTH IN ADVANCE**

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

Amount each month: \_\_\_\_\_

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. 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):

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

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.

## 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>
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:

<b>Mother's Name:</b>	Cell Phone:
Home Address:	Home Phone:
City: <span style="float: right;">Postal Code:</span>	Work Phone:
<b>Father's Name:</b>	Cell Phone:
Home Address:	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:
Home Address:	Home Phone:
City:	Work Phone:
<b>Contact Name:</b>	Cell Phone:
Home Address:	Home Phone:
City:	Work Phone: