

FEE PAYMENT FORM
2020/2021 CAMROSE AND DISTRICT PRE-SCHOOL SOCIETY

A Child's name (Last) _____ (First) _____

B Parent's name (Last) _____ (First) _____

C Child's class: Please check (✓) the class you are registering your child in:

Four (4) Year Old Class	<input type="checkbox"/>	Tuesday/Thursday a.m. 8:45 a.m. – 11:15 a.m.	<input type="checkbox"/>	Wednesday/Friday a.m. 8:45 a.m. – 11:15 a.m.
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Registration Fee: **A one-time \$50.00/family non-refundable fee is due upon registration.**

D Options for Payment:

1. Pre-authorized Debit (Preferred Payment Option from Pre-School Administration)

Please Complete Pre-authorized Debit Agreement and all required information – Pre-authorized Debit form attached.

2. Post Dated Cheques

Make cheques payable to CDSS. On each cheque, please print your child's name and class. Payments come out starting August 20, 2021.

10 post-dated cheques (\$100.00 each) dated August 20, 2021 through May 20, 2022

1 post-dated cheque (\$1000.00) dated August 20, 2021

2 post-dated cheques (\$400) dated August 20, 2021 & (\$600) dated January 20, 2022

3. Debit Machine – CDSS has Debit Machine to make your payments more convenient. We can accept credit card payments over they phone.

Information collected on these forms is subject to the Freedom of Information and Protection of Privacy Act. The information will be used solely for the purpose of Camrose & District Pre-School Program. For more information, contact Maria Lobreau, Pre-School Program Director at 672-0141.

CAMROSE & DISTRICT PRE-SCHOOL REGISTRATION INFORMATION FORM 2021/2022

CHILD'S NAME _____
Last Name First Name

DATE OF BIRTH: Month _____ Day _____ Year _____

HOME ADDRESS _____
Street address in City of Camrose or Legal Land description in County

Gender: Male Female **Class** _____

MOM'S NAME _____
Last Name First Name

DAD'S NAME _____
Last Name First Name

MOM'S ADDRESS _____
Street address in City of Camrose or Legal Land description in County

DAD'S ADDRESS _____
Street address in City of Camrose or Legal Land description in County

MOM'S MAILING ADDRESS: _____

DAD'S MAILING ADDRESS: _____

CITY/POSTAL CODE: _____

CITY/POSTAL CODE: _____

We reside in City of Camrose County of Camrose Village of (Name Village) _____ or
 Outside the County of Camrose (Name Municipality) _____

MOM'S HOME PHONE _____ Cell _____

DAD'S HOME PHONE _____ Cell _____

EMAIL ADDRESS _____

EMAIL ADDRESS _____

MOM'S EMPLOYER NAME _____

DAD'S EMPLOYER NAME _____

MOM'S EMPLOYER'S PHONE _____

DAD'S EMPLOYER'S PHONE _____

ALL PERSONS, OTHER THAN THE PARENTS, TO WHOM CHILD MAY BE RELEASED (Emergency or Non-Emergency) Please give local contacts only.

1. NAME _____ **PHONE** Home: _____ Work: _____ Cell: _____

Street Address in City of Camrose or Legal Land description in County _____

Relationship of individual to child: _____

2. Names and Phone Numbers of other people I give permission to pick up my child: _____

NAME ANYONE NOT ALLOWED ACCESS TO YOUR CHILD: _____

Relationship of individual(s) not allowed access to your child _____

PHOTO PERMISSION

Throughout this year photographs of our pre-school program and children will be taken for educational, publicity and presentation purposes. These photographs will be representative of the enriching experiences offered to your child during the school year so we can share, through pictures, with other families and the community. Please note that photos and/or videos of school activities that are open to the general public may be taken by the public and used for purposes within and outside of the pre-school. The pre-school may not be able to restrict such activity at public events and requests that all parents use discretion when posting photos of their children to social media sites such as Facebook that may include other children.

Please check your choice:

_____ I DO give permission for my child/ren _____ to be photographed for use in educational and promotional publications (ie; brochure, handbook, newspaper), presentations, CDSS website, CDSS Facebook page and Camrose & District Pre-School Facebook page. This permission is applicable for current as well as future projects for this school year.

_____ I DO give LIMITED permission for my child/ren _____ to be photographed for use in educational, promotional publications (ie; brochure, handbook, newspaper) and presentations ONLY. This permission does NOT allow my child's photo to be used on the CDSS website as well as the CDSS Facebook page and Camrose & District Pre-School Facebook page.

_____ I DO NOT give permission for my child/ren _____ to be photographed for use in educational, promotional publications (ie; brochure, handbook, newspaper), presentations, CDSS website, CDSS Facebook page and Camrose & District Pre-School Facebook page.

DATE _____

PARENT'S SIGNATURE _____

Child Guidance Policy

Previously called Discipline Policy

I have read and agreed with the Child Guidance Policy of Camrose and District Pre-School Society. This policy is included in our Pre-School Parent Handbook.

DATE _____

PARENT'S SIGNATURE _____

FREEDOM OF INFORMATION & PROTECTION OF PRIVACY ACT

I/We, _____, hereby give permission to share our name and phone number with other Pre-school parents for the purposes of communicating necessary information relating to the Pre-School operation.

DATE _____

SIGNATURE _____

Off Site Activity Permission

I/We _____ hereby give permission for my/our child/ren _____

To attend regular off-site activities outside the Pre-School classroom within safe walking distance of the Pre-School site. Pre-School will require specific consent forms signed for less frequently occurring off-site activities.

DATE _____

SIGNATURE _____

All of the above permissions are valid for the school year September 1, 2021 to June 30, 2022.

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CAMROSE AND DISTRICT PRE-SCHOOL MEDICAL FORM

CHILD'S NAME: _____ Alberta Health Care No. _____ - _____
Last Name First Name

List local physician & phone number (includes Camrose and or Daysland only)

Dr. _____ Phone Number: _____

If **no** local physician, please select a local clinic of your choice:

Smith Clinic: 780-672-2423 Gemini Clinic: 780-672-9850 Daysland Medical Clinic: 780-374-3944

IMMUNIZATION RECORD

Licensing requires that you inform Pre-School whether or not your child has been immunized, but does not require a copy of the immunization.

Is your child's immunization up-to-date? YES NO **If no, please talk to the Preschool Director** for immunization information.

Provide details of any ongoing or recurring medical problems or conditions. Include information about any vision, hearing or speech difficulties.

Preschool staff will only administer anaphylactic medication.

Should a life threatening emergency occur, is there any medical treatment that you would **not** wish your child to have?

OTHER COMMENTS _____

I/We understand that if an emergency or critical incident should occur, the Pre-School will make every effort to contact me/us, the parent(s) or the emergency contacts. Should they be unsuccessful in locating me/us, I/we authorize any and all employees of the Camrose & District Pre-School to sign for emergency medical treatment of my/our child, including transportation by ambulance if deemed necessary.

I/We also give permission to the attending physician to treat my/our child for illness or injury as is necessary under these circumstances. This release form will be in effect from the date below until termination of enrolment.

Date _____ Parent/Guardian Signature _____

Witness _____
(Other than immediate family)

Information collected on these forms is subject to the Freedom of Information and Protection of Privacy Act.
The information will be used solely for the purpose of Camrose & District Pre-School Program.
For more information contact Marai Lobreau, Program Director at 672-0141.

Allergies

If there are no allergies, please sign and mark **NOT APPLICABLE** or **N/A**

Child's Name:		Class:
Parent's Name:		
Phone:	Home:	Work:
Email Address:		

My child is allergic to: (please list food, drugs, or other) _____

My child **should avoid consumption** of: (please list food, drugs, or other) _____

List Signs and Symptoms (be specific): _____

This allergy is: **Mild** **Moderate** **Severe** (Please be specific)

I entrust Pre-School staff to do the following upon an allergic reaction: **(Be specific about steps to take, i.e, step 1; step 2; step 3, etc.)**

**PRE-SCHOOL STAFF WILL ONLY ADMINISTER ANAPHYLACTIC MEDICATION (EPI-PEN).
If your child requires an EPI-PEN, this medication must valid (not be expired) and be left with the Pre-school staff with the signed Anaphylaxis Emergency Plan Form.**

I understand that it is my responsibility to inform the Camrose & District Pre-School if there are any changes to the above.

Parent's Signature

Date

Volunteer Opportunities Form

Parent

Name: _____ Email Address: _____
Please Print

Parent Phone Number: _____ Class: _____

Volunteer on the Board

Annual Meeting will be held in June, 2021. Please consider volunteering to be on our parent board. At this meeting current board members will speak about their role on the board. Following is a list of Board Positions required for 2021 – 2022.

- Chair
- Vice Chair
- Secretary
- Treasurer
- Fundraising Chair
- Publicity Coordinator
- Special Events Coordinator

Fundraising

The fundraising committee is an appointed group of parents who volunteer their time to organize a lucrative, but simple fundraiser.

Check Here ✓ Yes, I would be willing to help on the fundraising committee.

Resource People

One aspect of Pre-School has involved resource people from the community coming to Pre-School and sharing their talents. Do you have any suggestions of possible resource people?

Other Volunteer Opportunities

There will be opportunities to volunteer both in the classroom and for special events – staff will inform parents as these opportunities arise.

Class: Tuesday/Thursday _____

Wednesday Friday

Camrose & District Pre-school, a program of CDSS
PAYOR'S PERSONAL PAD (PRE-AUTHORIZED DEBIT) AGREEMENT

1. I authorize Camrose & District Support Services, on behalf of Camrose & District Preschool, to **take a one-time deduction of the Pre-School Registration fee in the amount of \$50.00 out of my account**. This deduction will come out of my account on the 20th of the month (if I register prior to 15th of the same month; otherwise this deduction will come out of my account on the 20th of the following month). My child, _____, is registered in the 2021/2022 Pre-School year.

Print Name to Authorize Registration Fee

Signature to Authorize Registration Fee

2. I authorize Camrose & District Support Services, on behalf of Camrose & District Preschool, to begin deductions for the monthly Pre-School fees of \$_____. My child, _____, is registered in the 2021/2022 Pre-School year.
- The monthly fee deduction will commence on _____ and will continue on the 20th of each month, through to May 20, 2022; (if the 20th falls on a weekend, deduction will be on the Monday) according to the personal, financial and account information listed below.
3. This agreement can be cancelled at any time, upon CDSS receiving written notice 10 days to the transmission date of the 20th.
4. If an electronic payment is rejected due to non-sufficient funds, you will be contacted for re-payment of rejected payment. If electronic payment is rejected due to non-sufficient funds for 2 consecutive months, we will cancel the PAD agreement and make arrangements with you for other methods of payment.
5. 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.
6. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca.

PERSONAL INFORMATION		
NAME:	_____	
ADDRESS:	_____	
POSTAL CODE:	_____	Province: _____
PHONE:	_____	
	Home	Cell
FINANCIAL INFORMATION		
BANK NAME:	_____	
BANK ADDRESS:	_____	PHONE: _____
ACCOUNT INFORMATION		
Transit Number (consists of 5 numbers)	Financial Institution	Account Number
or Void Cheque		

I authorize the Payee, Camrose & District Support Services, to debit my bank account for the amount of \$ _____, on the 20th of the month as indicated by the schedule above, or the next business day.

Authorized Signature

2nd. Authorized Signature, if Joint Account

Date