

Pre-School Yearly Registration

Parent Information: Who does the program staff contact first and second?**1st**Parent Contact _____
Last First**2nd**Parent Contact _____
Last First

Mailing Address: _____

Mailing Address: _____

City: _____ Postal Code _____

City: _____ Postal Code _____

Home Phone: _____

Home Phone: _____

Mobile Phone: _____

Mobile Phone: _____

Place of Work: _____

Place of Work: _____

Work Phone: _____

Work Phone: _____

Email: _____

Email: _____

PLEASE LIST LOCAL EMERGENCY CONTACT IF THE PARENTS CANNOT BE REACHED:**Required
Emergency Contact**

Mobile Phone: _____

Relationship to child: _____

Work Phone: _____

List all names with first & last of which **you authorize to pick up your child/ren. Include phone numbers**
(Parents and emergency contact are already authorized to pick up)

Name anyone **NOT allowed access** to your child and relationship to your child. Provide Court Order if applicable.

EMERGENCY CONSENT: I/We _____ understand that if an emergency should occur, Pre-School will make every effort to contact me/us, the parent/guardian. Should they be unsuccessful in locating me/us, I/we authorize any and all employees of the Pre-School program to sign for medical treatment of my/our child, including transportation by ambulance (cost to parent) if deemed necessary. I/We also give permission to the attending physician to treat my/our child/ren 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 or current school year.

Parent/Guardian Sign (any format) _____ Date _____

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

ACKNOWLEDGEMENT, CONSENT & PERMISSION

PRINT Name of Child or Children _____

I/We _____ agree to the following as initialed below:

PRINT (Parent /Guardian full name) _____

Must initial all five (5).

FREEDOM OF INFORMATION & PROTECTION OF PRIVACY ACT Understand that the information collected on these forms is for the sole purposes of Pre-School.

Pre-School PROGRAM FEES Have read and agree to the Pre-School fees. (Also listed on web site: www.camrosefcss.ca)

Pre-School POLICY

Have read and agree to follow the Pre-School policies (Available on website: www.camrosefcss.ca) Agree to contact the director /manager immediately with concerns at the program and abstain from posting on social media, or recording by voice or video while at the program without the expressed written consent of the Director. Failure to follow will result in dismissal from the program.

Child Guidance POLICY Have read and agree with the Child Guidance Policy of Camrose & District Pre-School. This policy is included in our Pre-School Parent Handbook.

Off-Site Activity PERMISSION

Authorize Camrose & District Pre-School to take my child to attend regular activities outside the Pre-School classroom within safe walking distance of the preschool site.
Pre-School will also require specific forms signed for less frequently occurring off-site activities.

PHOTO PERMISSION

Throughout this current program 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 our 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 activities at public events and request that all parents use discretion when posting photos of their children to social media sites such as Facebook that may include other children.

Initial only one (1) option!

YES, OPEN PHOTO PERMISSION - I authorize Camrose & District Pre-School to take pictures of my child or children for use in educational and promotional publications (brochure, handbook, newspapers) presentations, CDSS website, CDSS Facebook, Camrose & District Pre-School Facebook.

YES, Limited PHOTO PERMISSION - I authorize Camrose & District Pre-School to take pictures of my child or children for use in educational presentations, ONLY. (displays or photo albums in the classroom) This permission does **NOT** allow the photo to be used on social media, brochures, or newspaper.

NO PHOTO PERMISSION - I DO NOT authorize Camrose & District Pre-School to take pictures of my child or children for any reason. If your child happens to be in the picture, your child's face will be covered.

Parent Sign: (any format) _____

DATE: _____

CHILD'S NAME: _____
Last First

Class Attending: 3-year-old ☐
4-year-old ☐

DATE OF BIRTH: **Month**_____ **Day**_____ **Year**_____ Gender: **Male** **Female**

Is your child's immunization up to date? **YES** **NO**

If immunization not up to date state reason: _____

Are there any **special circumstances or information** we should be aware of that would help us work with your child more effectively? Including any hearing, speech, sight, mobility, developmental concerns. Include confidence in toileting skill level.

Medical History of Illness: Please describe your child's former or current medical history including any medication they currently take.

ALLERGIES Does your child have any allergies to the following? Indicate: Mild, Moderate, Severe

Foods:

Other:

Allergy to Medication:

Allergy Treatment: Be specific about the steps to be taken:

Medication Instruction Form Required: If your child does have an Inhaler or Epi-Pen medication and would require medication during his/her time at Pre-School please fill out the Medication Instruction Form. Form found on website. (all medication MUST be in Original Labeled Container) and discuss the specifics with the Pre-School Director or Manager. Pre-School staff can only administer medications according to the instructions.

ASTHMA

Does your child have Asthma? YES NO

Specify Triggers: _____

Location of Inhaler: _____

Medication Form: **YES** **NO**

Epi-Pen

Does your child require an Epi-Pen? YES NO

Specify Triggers: _____

Location of Epi-Pen: _____

Medication Form: ☒ YES ☐ NO

I understand that it is my responsibility to update and inform the Pre-School Director if there are any changes to **any** of the above address/information/directions/condition for my child named above.

Parent/Guardian Sign (any format) _____ Date _____

Volunteer Opportunities Form

Parent's Name: _____ **Child's Name:** _____

Phone Number: _____ **Child's Class:** _____

Email: _____

Parent Helper: Please Initial

_____ **In the Classroom:** Help with tasks assigned by the teachers. This could include washing toys, wiping tables, organizing, prep for activities, or engaging in activities.

_____ **Fundraising Committee:** Help organize simple but lucrative fundraising events.

_____ **Fundraising Helper:** Help the committee with the events.

_____ **Parent Board:** Non-Profit and Registered Charitable organizations need to have board members. Please consider attending the (AGM) Annual General Meeting in June and sign up to take on a position for the program year. Your help and commitment are invaluable.

All volunteer positions, parent helpers, board members, and main fundraising committee members require a current volunteer police check on file. These Police Checks with Vulnerable Sector are \$15 with a letter from Camrose & District Pre-School Program. Please email info@camrosepreschool.ca to request a letter. Your volunteer commitment is invaluable to our Pre-School program.

Special Events: Staff will inform parents as these opportunities arise. These are specific one-time event, usually with your child in attendance.

Resource People: one aspect of pre-school is to have resource people (visitors) from the community coming to the program to share their talents. Please list your suggestions that you would like us to look into.

Fundraising Ideas: Please list some suggestion that you feel would be simple and have a good return

FEE Payment Form**Child's Name:** (Last) _____ (First) _____**Parent's Name:** (Last) _____ (First) _____**Phone Number:** _____ **Email:** _____**Registration Fee:** _____ \$60/child or _____ \$85 family **Date Paid:** _____

This is non-refundable registration fee to confirm and hold your child's spot in Pre-School. This fee can be made in person at Camrose & District Support Services (CDSS) 4821-51 Street (Across from Co-op grocery store) OR by credit card over the phone with Margaret (780-672-0141).

Three (3) Year Old Class:Four (4) Year Old Classes:

Monday/Wednesday 9:00 to 11:30 am

Tuesday/Thursday 9:00 to 11:30 a.m.

Monday/Wednesday 12:30 to 3:00 pm

Tuesday/Thursday 12:30 to 3:00 p.m.

NOTE from Parent on class choice:

Our Fee	\$150.00
Minus – <u>Affordability Grant</u>	\$75.00
Equals = Parent Portion Owing	\$75.00

The Affordability Grant is dependent upon the Government of Alberta continuing the funding.

Per Month

Payments: Please list how you will be making the monthly pre-school payments

____ Pre-Authorized Debit (PAD) - Form included on next page – please Sign and Date
Preferred method of payment will come out on the 20th of each month or next banking day

____ Alberta Child Care Subsidy – Submit proof of application approval info@camrosepreschool.ca

Debit Machine/Cash Monthly – paid in full by the 20th of each month.

PAD - PRE-AUTHORIZED DEBIT AGREEMENT - PAYOR'S PERSONAL PAD**Camrose & District Pre-School**, a program of CDSS.

Class Attending:

- My child/ren, _____, is/are registered in the 2023/2024 school year. Personal, financial and account information listed below. I authorize Camrose & District Support Services (CDSS), on behalf of the Camrose & District Pre-School Program, to set up pre-authorized debit (PAD) from my bank account for the monthly Pre-School payment.
- This agreement can be cancelled at any time, upon Camrose & District Pre-School/CDSS receiving written notice 10 days to the transmission date of the 20th.
- The deduction will commence on the 20th of September, and will end June 20th or upon cancellation. (If the 20th falls on weekend or STAT holiday, deduction will be on the next business day)
- If the banking information changes, notification must be given to the Camrose & District Pre-School program 10 days prior to the transmission date of the 20th.
- If an electronic payment is rejected due to non-sufficient funds, you will be contacted for cash re-payment of rejected payment, and a \$45.00 NSF fee.
- If an 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.
- 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.

PERSONAL PAYORS INFORMATION

Name: _____

Address: _____ Province: _____

Postal Code: _____ Phone Number: _____ Email: _____

FINANCIAL INFORMATION

Bank Name: _____ Bank Phone Number: _____

Bank Address: _____

ACCOUNT INFORMATION (you can also attach you banking information)

Transit Number (5 numbers)

Financial Institution Number

Account Number

I authorize the Payee, Camrose & District Support Services, to debit my bank account on the 20th of the month as per the monthly contract amount, beginning _____ & ending June, 2024 or sooner if cancelled.

 Date: _____
 Authorized Person to Sign (any format)

254

PAY TO THE ORDER OF _____ \$ _____ / 100 DOLLARS

MEMO _____ PER _____

|| 254 || || 01700 || || 803 || || 8710327 ||

Cheque Number Transit Number Financial Institution Number Account Number

Office Use

Alberta Child Care Subsidy YES or NO