

FOR OFFICE USE ONLY

Proof of Age provided

Class: \_\_\_\_\_  
Received at AGM    
Yes No

Registration Fee received  cash  cheque Received by \_\_\_\_\_

## CANMORE PRESCHOOL REGISTRATION FORM

Canmore Preschool sends out communications (newsletters, announcements etc.) primarily by email. Please provide us with your email address (please print legibly):

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

### Child's Information

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

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

Birth date: \_\_\_\_\_

Male  Female

### Parents or Guardians

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

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

Relationship: \_\_\_\_\_

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

Place of Work: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Work Address: \_\_\_\_\_

Home phone: \_\_\_\_\_

Day phone: \_\_\_\_\_

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

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

Relationship: \_\_\_\_\_

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

Place of Work: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Work Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Day Phone: \_\_\_\_\_

Language(s) spoken at home: \_\_\_\_\_

### Siblings

Does/did your child have an older sibling in the program? (Yes/No) Name: \_\_\_\_\_ Year: \_\_\_\_\_

### Emergency Contact (other than parents) at least 1 contact in the Bow Valley

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\* Address: (required) \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\* Address: (required) \_\_\_\_\_

### Medical Information

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Alberta Health Care Number: \_\_\_\_\_

Please indicate your preference for time slot (AM, PM or no preference) and teacher. We will try to accommodate preferences, but please note that there is no guarantee on class or teacher preference.

#### THREE YEAR OLD PROGRAM (T/Th)

AM/PM/no pref. \_\_\_\_\_

Teacher: \_\_\_\_\_

#### FOUR YEAR OLD PROGRAM (M/W/F)

AM/PM/no pref. \_\_\_\_\_

Teacher: \_\_\_\_\_

**CANMORE PRESCHOOL SOCIETY PARENT CONSENT AND WAIVER OF LIABILITY  
 FORM MUST BE COMPLETED IN FULL AND INITIALED WHERE DESIGNATED BEFORE YOUR CHILD WILL BE ALLOWED TO ENROLL  
 BY SIGNING THIS FORM YOU AGREE TO ALL OF THE PROVISIONS THAT FOLLOW AND ACKNOWLEDGE THAT THESE PROVISIONS  
 CONSTITUTE A WAIVER OF LIABILITY FROM THE CANMORE PRESCHOOL SOCIETY.**

For: \_\_\_\_\_ (Child's Name)

**I ACKNOWLEDGE THAT MY CHILD MEETS ALL PREREQUISITES OF THE CANMORE PRESCHOOL SOCIETY**

I, \_\_\_\_\_ (Name), parent/legal guardian of the child named above hereby acknowledge that I have reviewed the established prerequisites for that child participating in the activities of the Canmore Preschool Society and that child meets those prerequisites. Yes, I Agree

I hereby grant permission for the child named above;

- a) to participate in all of the activities organized by the Canmore Preschool Society; and
- b) to use all the play equipment owned or used by the Canmore Preschool Society; and
- c) to leave the school premises under the supervision of a staff member of the Canmore Preschool Society for walks in the neighborhood and to Lion's Park, and
- d) to participate in activities involving bus transportation under the supervision of a staff member of the Canmore Preschool Society.

Yes, I Agree

**CANCELLATION / WITHDRAWAL FROM THE ACTIVITIES OF THE CANMORE PRESCHOOL SOCIETY**

I understand and agree that the \$45.00 registration fee will not be refunded under any circumstance. I also understand and agree that should I wish to withdraw my child from Preschool activities after Preschool commences, I am required to give 30 days' written notice to the Canmore Preschool Society in order to avoid a month payment penalty.

Yes, I Agree

**I AGREE NOT TO HOLD THE CANMORE PRESCHOOL SOCIETY, THE BOARD MEMBERS, THEIR OFFICERS, EMPLOYEES OR AGENTS RESPONSIBLE FOR ACCIDENTS.**

When a child participates in an activity organized for preschool aged children there is always a risk of personal injury or death, and property damage or loss. I acknowledge that the organizers will not be able to fully supervise, care for, or control the Participants involved in Preschool activities. If anything happens to my child or my child's property in Preschool activities, I agree not to hold those supervising the activity, the Canmore Preschool Society, the Board Members, and their Officers, Employees or Agents responsible unless they have been grossly negligent. I realize that I am responsible for insuring my child and my child's property for any loss.

Yes, I Agree

**I CONSENT TO EMERGENCY MEDICAL TREATMENT FOR MY CHILD.**

In an emergency, my child may need medical or surgical treatment. If an emergency occurs, every reasonable effort must first be made to contact me. If I cannot be reached, I give permission to the emergency medical treatment of my child. Any expense incurred for emergency medical treatment under this section will be my responsibility. The organizers may also make any other decisions that are necessary for the care and protection of my child during any activity of the Canmore Preschool Society.

Yes, I Agree

**MY CHILD IS PHYSICALLY FIT.**

My child is not suffering from any medical condition that might prevent them from participating in the activity. I have described any special medical needs my child may have on the Health Record Information Sheet.

**SPECIAL NOTICE**

The Canmore Preschool Society operates a website, [www.canmorepreschool.com](http://www.canmorepreschool.com). Photos of groups of children and events are periodically used in advertising and on the website. *Please read carefully & check the box ONLY if you agree)*

I hereby advise the Canmore Preschool Society that **I do not wish to have my child photographed**, videotaped, or audio taped for advertising or use on the website.

I hereby advise the Canmore Preschool Society **that I do not wish to have my telephone numbers listed on class lists** etc.that would be available to current Preschool parents.

**I HAVE READ THIS DOCUMENT AND ACCEPT ITS TERMS AND I AGREE THAT THIS AGREEMENT WILL CONSTITUTE A COMPLETE RELEASE OF LIABILITY FOR THE CANMORE PRESCHOOL SOCIETY SUBJECT TO THE PROVISIONS ABOVE**

\_\_\_\_\_  
 (Signature of Child's Parent or Guardian)

\_\_\_\_\_  
 (Date)

\_\_\_\_\_  
 (Printed Name of Child's Parent or Guardian)

## CANMORE PRESCHOOL HEALTH RECORD INFORMATION

The Alberta Daycare Regulations require Preschool operators to maintain a health record for each child in attendance at their Preschool. Some of this information is repeated from Page 1. This is because the health record is filed separately from the Teacher's Information sheet.

### **Child's Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Birth date: \_\_\_\_\_

### **Parents or Guardians**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Place of Work: \_\_\_\_\_

Home phone: \_\_\_\_\_ Day phone: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Place of Work: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Number of: Brothers Sisters Family Doctor: \_\_\_\_\_

Younger \_\_\_\_\_ Phone: \_\_\_\_\_

Older \_\_\_\_\_ Child's AHC: \_\_\_\_\_

My child's immunizations are up to date per my child's age: Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child have a medical condition, **allergies**, emotional or developmental challenges requiring or receiving treatment or supervision? If yes, please explain below. If your child is involved in the PUF or similar program, please include a separate sheet with details on areas of concern and program requirements.

\_\_\_\_\_  
\_\_\_\_\_

Does your child have food sensitivities, food allergies or a special diet? Please explain and meet with the teacher to discuss: \_\_\_\_\_

Is your child on any ongoing medication? If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Please indicate:

Authorized person(s) (other than yourself) to whom the child may be released:

a) \_\_\_\_\_ b) \_\_\_\_\_

**Person(s) to whom the child is NOT to be released:**

a) \_\_\_\_\_ b) \_\_\_\_\_

The above information will be kept in strict confidence and will only be presented to public health officials should they require such information for any reason.

## CANMORE PRESCHOOL DISCIPLINE POLICY

The goal of the Preschool is to teach the children to socialize in a positive manner. Self-control in expressing their emotions is not always a smooth road, but fair and appropriate discipline will help them to this end. Limits will be stated kindly, but firmly, and consequences for misbehavior will be fair, logical and realistic.

Children will be kept in the mainstream where possible and any inappropriate behavior will be redirected into more positive alternatives to the situation. Children who are out of control will be removed from the situation and one on one attention will be provided until the child has gained control. The child will then be invited to join the group again.

If, in the opinion of the teacher, a child's behavior in the classroom disrupts the normal operation of the classroom or the children, the teacher will contact the parents and may suggest that a childcare professional assess the child regarding suitability of that child to continue in the program.

I, \_\_\_\_\_ have read and understand Canmore Preschool's discipline policy.  
Parent / Guardian

\_\_\_\_\_  
Date

## LIBRARY and BODY MOVES CLASS

All classes visit the library on a monthly basis from January until May. The 4-year-old classes enjoy "Body Moves" Class at the Recreation Centre on a regular basis. The children travel to and from these activities by bus, and are accompanied by their teachers. Exact days and times will be posted monthly on the calendar and in the newsletter.

I am aware that the above trips involve travelling by bus, and I give my permission for

\_\_\_\_\_ to participate in these regularly planned preschool activities.

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

\_\_\_\_\_  
Date

## OTHER FIELD TRIPS/SPECIAL EVENTS

Some special events require a parent to attend with their child, and some special events require the children to be picked up or dropped off at a location other than the Canmore Preschool. Siblings are not allowed to attend some special events. Will this be a problem for you?

\_\_\_\_\_  
\*NOTE: If you are not able to drive your child to or from some special events, the Preschool can assist you in finding transportation for your child.

## COMMUNICABLE DISEASE POLICY

The following criteria should be used to decide when a child is too ill to attend Preschool. Your child should not attend if he/she has any of the following symptoms:

Diarrhea  
Vomiting  
Cold  
Fever  
Rash  
Pink Eye (Conjunctivitis)  
Ear Infection, Sore Throat, Cough

If a child develops any of the above symptoms while at Preschool, you or your contact person will be notified to take the child home.

In the case of a communicable disease (measles, mumps, rubella etc.), or parasitic infestation, those infected may not attend Preschool until a clearance from the Doctor or Health Unit is obtained.

A child must be on antibiotics for at least 24 hours, and feeling well, to be able to attend Preschool.

I, \_\_\_\_\_ have read and understand Canmore Preschool's Communicable Disease Policy.  
Parent/Guardian

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

\_\_\_\_\_  
Date

## GETTING TO KNOW YOUR CHILD

What are your child's special interests?

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Do you have any hopes or concerns about your child's participation in the Preschool? If yes, please explain.

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Does your child have any particular fears (e.g. the dark, thunder, etc.)? If yes, please explain.

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## CANMORE PRESCHOOL SOCIETY VOLUNTEER RESOURCES INVENTORY

The purpose of this inventory is to help identify the area that you would be most interested in volunteering approximately four (4) hours during the Preschool year. We will require a post-dated cheque for \$200.00 as security towards your commitment to volunteer these hours. If, by April 30, 2010, you have not completed your volunteer hours, you will be responsible for payment of said \$200.00. We will notify you prior to this date that your cheque will be cashed.

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

Parent's First Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Three Year Old \_\_\_\_\_ Four Year Old \_\_\_\_\_

Please check off the areas that interest you the most:

- Raffle (Sept-Dec. 2010)
- Artisans' Market (November 2010)
- Open House/AGM set-up (Apr./May 2011)
- Year-end clean-up (May 2011)
- Room Representative (includes keeping track of and calling volunteers for the classroom and ensuring calendar with parent of the day is complete each month)

**The above four hour volunteer commitment does not include "Parent of the Day" or field trip volunteering. Your volunteer commitment is fulfilled if you volunteer to be a board member or subcommittee member.**

I \_\_\_\_\_ agree to volunteer for four (4) hours, per registered child, between September 1, 2010 and April 30, 2011 or make payment of \$200.00, per registered child, to the Canmore Preschool Society on April 30, 2011.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Parent/Community Resources: Do you have or know anyone else who has a special interest, talent, cultural/employment background, or resource that you/they may be willing to share with our young students as part of your volunteer commitment?

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

### ***Parental Involvement in the Classroom***

***The Preschool's license requires two (2) adults to be present in each classroom during operation: the licensed teacher and one parent/adult volunteer. This means that parents must volunteer as "Parent of the Day" to assist the teachers (approx. one class per month depending on class size). By registering your child in the Preschool, you are agreeing to be involved in the classroom. If you do not fulfill your obligation as parent of the day, you will be given a warning to sign up as soon as possible. After two warnings, you will be assigned a day to be parent of the day. Failure to attend on that day will result in a \$50 fine.***