

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. 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 _____ (required)

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?

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

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

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, 2012, 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. 2011)
- Artisans' Market (November 2011)
- Open House/AGM set-up (Apr./May 2012)
- Year-end clean-up (May 2012)
- 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, 2011 and April 30, 2012 or make payment of \$200.00, per registered child, to the Canmore Preschool Society on April 30, 2012.

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.