

Vegreville Preschool Association

2019/2020 REGISTRATION FORM

Please ensure that all information is complete and correct. Your child will NOT be admitted to the program if any critical (**) information is incomplete on this registration form.

CHILD'S INFORMATION

Child's Name: _____ Preferred Name: _____
(Surname, Given Names)

Date of Birth: ____/____/____ Home Phone: _____
(Day/Month/Year)

Child Home Address: _____
(Street/Legal Land Location, City/Town, Box Number, Postal Code)

***ALL ADDRESSES MUST INCLUDE A STREET ADDRESS OR LEGAL LAND LOCATION AND POSTAL CODE TO MEET LICENSING REQUIREMENTS. BOX NUMBERS ALONE ARE NOT SUFFICIENT.**

**If you are a legal guardian, please fill in the information that is required and provide the teacher with legal documentation IF required.

Please print in legible writing as this information is required for contacting parents/guardians.

MOTHERS INFORMATION

Name: _____

Address: _____
(Street/Legal Land Location)

(City/Town, Postal Code)

Phone: _____
(Home) (Cell)

Email: _____

Employer Name: _____

Employer Phone: _____

Employer Address: _____
(Street/Legal Land Location, Town/City)

FATHER'S INFORMATION

Name: _____

Address: _____
(Street/Legal Land Location)

(City/Town, Postal Code)

Phone: _____
(Home) (Cell)

Email: _____

Employer Name: _____

Employer Phone: _____

Employer Address: _____
(Street/Legal Land Location, Town/City)

****EMERGENCY CONTACTS (OTHER THAN PARENTS)
(CONTACTS MUST BE ABLE TO REACH THE PRESCHOOL WITHIN 20 MINUTES OF AN
EMERGENCY CALL)**

1) Name: _____ Relationship: _____ Phone: _____

Address: _____
(Street/Legal Land Location, City/Town, Postal Code)

2) Name: _____ Relationship: _____ Phone: _____

Address: _____
(Street/Legal Land Location, City/Town, Postal Code)

CHILD MAY BE RELEASED TO (other than parents)

1) Name: _____ Relationship: _____ Phone: _____

Address: _____
(Street/Legal Land Location, City/Town, Postal Code)

2) Name: _____ Relationship: _____ Phone: _____

Address: _____
(Street/Legal Land Location, City/Town, Postal Code)

NOT allowed access to your child

1) Name: _____ Relationship: _____

2) Name: _____ Relationship: _____

**THE VEGREVILLE PRESCHOOL STAFF MUST HAVE COPIES OF LEGAL DOCUMENTATION
IF YOU ARE PLACING SOMEONE ON THIS LIST WHO IS A PARENT OR LEGAL GUARDIAN
OF THIS CHILD. NO CHILD WILL BE RELEASED TO ANYONE ELSE WHOM IS PLACED ON
THIS LIST.**

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 The Vegreville Preschool Association.

****CHILD'S HEALTH INFORMATION**

Child's Name: _____ Personal Health Number: _____

Child's Physician: _____ Physician Office Phone: _____

Physician's Clinic Address: _____
(Street, City/Town, Postal Code)

Is your child immunized? YES _____ NO _____ If no, please provide reason: _____

Child's immunization records are located at: _____

Please describe any existing medical conditions that your child has, as well as any physical conditions you would like to comment on that may prevent your child from participating in indoor/outdoor physical activity. Please include information about any vision, hearing, or speech difficulties:

List all medication(s) that your child is taking regularly, and the condition(s) for which it is taken:

I understand that if an emergency should occur, the Preschool will make every effort to contact me, the parent(s) or the emergency contacts. Should they be unsuccessful in locating me, I authorize any and all employees of the Preschool to sign for emergency medical treatment of my child, including transportation by ambulance if deemed necessary. I realize that the cost of the medical transportation and care are my full responsibility and not the responsibility of the Vegreville Preschool Association or its staff.

I also give permission to the attending physician to treat my child for illness or injury as is necessary under these circumstances.

(Signature)

(Date)

IF THERE ARE NO ALLERGIES, PLEASE SIGN AND MARK NOT APPLICABLE.

****ALLERGY INSTRUCTIONS**

Additional information regarding allergies is available in the policy and procedure manual. Please read carefully if your child has an allergy.

Child's Name: _____

Parent's Name: _____

Phone: _____
(Home) (Work/Cell)

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

This allergy is (check one): Mild: _____ Moderate : _____ Severe: _____

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

Please list any other foods not to be given to your child:

I understand that it is my responsibility to inform the Preschool if there are any changes to the above.

(Parent's Signature)

(Date)

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****Permission for Walking Field Trips and Outside Play**

All field trips to facilities within the community or outside of a walking distance of 10 blocks will require additional parent signatures that will be handled via a sign in sheet at the Preschool. This is to ensure that all licensing requirements are met.

I give the Vegreville Preschool Association staff permission to take my child on neighbourhood walks (up to 10 blocks) and to play outside on the play structure and within the fenced school field. Two staff members will be in attendance at all times.

(Signature)

(Date)

****Permission to Display Artwork**

I give the Vegreville Preschool Association staff permission display the artwork of my child within the Vegreville Preschool Association for the purposes of decoration and display.

(Signature)

(Date)

****Permission to Photograph**

I give the Vegreville Preschool Association staff permission to photograph my child. I understand that these photographs may be displayed within the Preschool and may be included in portfolios, which pertain to the development or promotion of the Preschool programs. Photographs taken in the Vegreville Preschool by other parents and staff may include my child.

(Signature)

(Date)

****Disclosure of Information to Parent Link Centre**

On occasion, Preschool classes will use the Parent Link Centre for activities, rehearsals, guest speakers, performances, etc. I give the Vegreville Preschool Association permission to provide the Parent Link Centre with my child's first name and age.

(Signature)

(Date)

****Permission for Head Lice Check**

I allow the Community Association for Lasting Success (CALs) and/or the Vegreville Preschool Association to periodically check my child for head lice.

(Signature)

(Date)

****Fundraising and Volunteer Agreement**

Fundraising and Volunteer time are essential to keep this program going. I understand and agree to the terms stipulated in the Fundraising and Volunteer Agreement.

(Signature)

(Date)

****Child Discipline Procedure**

I have read and agree with the child discipline procedures, available in the policy and procedure manual, which are adopted by the Vegreville Preschool Association.

(Signature)

(Date)

****Zero Tolerance**

I understand that the Vegreville Preschool is a Family and Child Environment and any abuse toward staff, children, or partnerships with the Vegreville Preschool Association will not be tolerated and will be dealt with in a manner chosen by the Board of Directors.

(Signature)

(Date)

****Confidentiality for Classroom Volunteers**

I, _____ agree to act as a volunteer with the Vegreville Preschool Association. It is my understanding that:

- *I shall keep confidential all personal and confidential information which I may possess or become aware of in the course of my duties
- *I shall not disclose any information to any individual without authorization from the Vegreville Preschool Association.
- *I shall not collect any personal information from individuals without being authorized by the Vegreville Preschool Association.
- *Any records or materials created by me in the course of my volunteer duties are the property of the Vegreville Preschool Association.
- *I shall relinquish to the Vegreville Preschool Association all control of any records immediately upon completion of my volunteer duties.

(Signature)

(Date)

****PROGRAMS AND FEES****

*Please indicate your 1st and 2nd choices for program registration.
(You may list a 3rd choice is applicable)*

Child's name: _____

THREE-YEAR OLD PROGRAM

Monday/Wednesday 9:00am-11:30am \$700.00 _____

FOUR-YEAR OLD PROGRAM

Monday/Wednesday 1:00pm-3:30pm \$700.00 _____

Tuesday/Thursday 9:00am-11:30am \$750.00 _____

Tuesday/Thursday 1:00pm-3:30pm \$750.00 _____

FULL DAY PROGRAM (4 year old only)

Tuesday/Thursday 9:00-3:30 \$1500 _____

(Before, lunch hour and afterschool care is an additional cost) \$5/hour for before and after school care
\$5/lunch hour

FRIDAY PROGRAM*

Friday 9:00am-11:30am \$400.00 _____

*The Friday Program will be a combined 3 and 4 year old program. The average age of the students will determine how the program is run.

FUNDRAISING

Monday-Thursday program days: Bond cheque of \$300.00, postdated for June 1, 2020

Full Day Program: Bond cheque of \$450, postdated for June 1, 2020

Friday Program: Bond cheque of \$150.00, postdated for June 1, 2020

IF the fundraising requirements **ARE** met throughout the year, this cheque will be returned.

****If you do not wish to participate in fundraising, please specify that when registering your child. Your cheque will be postdated to August 15, 2019 and cashed at that time with registration fees.****

***PLEASE NOTE – The fundraising requirement is capped at \$450.00 per family per school year if you have more than one child in the program. For more information, please speak to a member of the board.**

ROSTERING

Monday-Thursday programs: Bond cheque of \$50 postdated for June 1, 2020 or 2 volunteer roster days. If rostering requirements are met during the school year, this cheque will be returned at the end of the year.

Friday: Bond cheque of \$25 postdated for June 1, 2020 or 1 volunteer roster day. If rostering requirements are met during the school year, this cheque will be returned at the end of the year.

Payment Options:

Program Cost	\$700	\$750	\$400	\$1500	Cheque postdates
Option 1 – paid in full	\$700	\$750	\$400	\$1500	August 15, 2019
Option 2 – Bi-annual	\$350	\$375	\$200	\$750	August 15, 2019
(2 cheques)	\$350	\$375	\$200	\$750	February 1, 2020
Option 3 – Bi-monthly	\$140	\$150	\$80	\$300	August 15, 2019
(5 cheques)	\$140	\$150	\$80	\$300	November 1, 2019
	\$140	\$150	\$80	\$300	January 1, 2020
	\$140	\$150	\$80	\$300	March 1, 2020
	\$140	\$150	\$80	\$300	May 1, 2020
Option 4 - Monthly	\$70	\$75	\$40	\$150	August 15, 2019
(10 cheques)	\$70	\$75	\$40	\$150	October 1, 2019
	\$70	\$75	\$40	\$150	November 1, 2019
	\$70	\$75	\$40	\$150	December 1, 2019
	\$70	\$75	\$40	\$150	January 1, 2020
	\$70	\$75	\$40	\$150	February 1, 2020
	\$70	\$75	\$40	\$150	March 1, 2020
	\$70	\$75	\$40	\$150	April 1, 2020
	\$70	\$75	\$40	\$150	May 1, 2020
	\$70	\$75	\$40	\$150	June 1, 2020

Please make all cheques payable to “Vegreville Preschool Association”

Please note: Parents will be notified of their child’s acceptance into their preferred class either the night of registration or by email no later than August 1, 2019. If you have not heard which class your child is in by August 1, 2019 please email the Registrar at vpa_registrar@hotmail.com

****For Office Use ONLY****

Reviewed by: _____ Date: _____ All areas complete: _____ Class: _____

Family Name: _____ Child Name: _____

Parent notified: Yes, notified night of registration _____ No, needs to be emailed: _____

Payment Information

In Full _____ Cheque # _____

Installments _____ Number of Installments _____ Cheque # _____

All installments present: Yes _____ No _____

Fundraising Bond: _____ Cheque # _____ Rostering Bond: _____ Cheque # _____

Comments: _____
