

REGISTRATION FORM 2024

CHILD INFORMATION

Child's Full Name: _____
Date of Birth: (Month/Day/Year) _____ Gender: _____ Age on first day of school: _____
Address: _____
City, Province: _____ Postal Code: _____
Phone Number: _____

PLEASE CHOOSE ONE OF THE FOLLOWING CLASS OPTIONS

- Monday, Wednesday & Friday AM Class Tuesday & Thursday AM Class
 Monday & Wednesday PM Class Tuesday & Thursday PM Class

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: _____ Phone Number: _____
Email: _____
Address: (if different from child) _____
City, Province: _____ Postal Code: _____
Relationship to Child: _____ Occupation: _____
Other Parent/Guardian Name: _____ Phone Number: _____
Email: _____
Address: (if different from child) _____
City, Province: _____ Postal Code: _____
Relationship to Child: _____ Occupation: _____
Please **CIRCLE** Marital Status: Married Divorced Single
Please **CIRCLE** Primary Residence: Both Mother Father Guardian
If divorced, who has legal custody? _____
May the non-custodial parent pick up the child? Yes No
Comments: _____

The child will be released **ONLY** to the people on this application (above) and the following persons below:

Name: _____
Relationship to Child: _____ Phone: _____
Name: _____
Relationship to Child: _____ Phone: _____
Name: _____
Relationship to Child: _____ Phone: _____

Signature of Mother/Guardian: _____ Date: _____

Signature of Father/Guardian: _____ Date: _____

HEALTH RECORD INFORMATION

Family Doctor: _____ Phone Number: _____

Child's Full Name: _____

Date of Birth: (Month/Day/Year) _____ Gender: _____

Alberta Health Care Number: _____

Are all Immunizations up to date? Yes No

****If NO, then a separate immunization form must be filled out. Please advise the staff member upon registration****

Does your child have any allergies? Yes No

If yes, please explain type and typical reactions: _____

Does your child require emergency medications (eg: Epi-Pen / Inhaler)? Yes No

****If YES, then a separate authorization form must be filled out. Please advise the staff member upon registration****

Is your child on any prolonged medication? Yes No If yes, please describe: _____

Any other medical conditions/health concerns we should be aware of: _____

ADDITIONAL CHILD DETAILS

Is your child **fully** potty trained? Yes No

****All children MUST be independently potty trained before attending preschool****

Does your child have any special needs? _____

Does your child have any speech difficulties? _____

Does your child presently qualify for PUF Funding? Yes No

Assessed Through: _____

Is an assistant being suggested? Yes No

With which agency/foundation? _____

Has your child had any emotional or medical conditions requiring or receiving treatment or supervision?

Does your child have any fears or anxieties? _____

TUITION & FEE STRUCTURE

To ensure placement for your child in our preschool, we require the following:

OPTION 1 - Payment with post dated cheques or e-transfer

- \$100 Non-Refundable Registration Fee, dated for the time of registration
- 10 post-dated cheques written for the first of every month (September – June)
- E-transfer is acceptable monthly, always due on the 1st of every month.

****A \$30 late fee will be applicable.** Initial: _____**

- Completion of this registration package

OPTION 2 - Payment made in full at the time of registration

- \$50 Non-Refundable Registration Fee, dated for the time of registration
- Full years tuition payment made either with a cheque dated for the day of registration, by cash or e-transfer
- Completion of this registration package

PLEASE CHOOSE ONE OF THE FOLLOWING CLASS OPTIONS

- Monday, Wednesday & Friday AM Class / 9am-12pm / 4-5 year olds / Payment is 10 months x \$182 = \$1820
- Tuesday & Thursday AM Class / 9am-11:30am / 3 year olds only / Payment is 10 months x \$141 = \$1410
- Monday & Wednesday PM Class / 12:30pm-3pm / 3 year olds only / Payment is 10 months x \$141 = \$1410
- Tuesday & Thursday PM Class / 12pm-3pm / 4-5 year olds / Payment is 10 months x \$152 = \$1520

****PLEASE NOTE: There will be a \$30 charge for N.S.F. cheques. Outstanding fees will be charged 3% interest per month. The Alberta Government Affordability Grant of \$75 is already reflected in these prices, if funding changes/stops at any point, families will be responsible to pay the extra \$75 a month. All children **MUST** be independently potty trained before attending preschool. Okotoks Preschool Academy requires 30 days written notice if a child is withdrawn from the program. Registration fees are non-refundable.** Initial: _____**

PROGRAM INFORMATION & WEBSITE ACKNOWLEDGMENT

By signing below, parents acknowledge, accept and understand all policies, tuition costs and general information discussed at our Open House and/or information contained on our website at www.okotokspreschoolacademy.com.

Signature of Mother/Guardian: _____ Date: _____

Signature of Father/Guardian: _____ Date: _____

FOR OFFICE USE ONLY

\$100 Registration fee received: _____ Paid by cash, cheque # or e-transfer: _____ Institution: _____

September - June fees received: _____ Paid by cash, cheque # or e-transfer: _____ Institution: _____

\$50 Registration fee received: _____ Paid by cash, cheque # or e-transfer: _____ Institution: _____

Year paid in full: _____ Amount: _____ Paid by cash, cheque # or e-transfer: _____ Institution: _____

OFF PREMISES CONSENT FORM

Child's Full Name: _____

The above named child has my permission to leave the school premises under the supervision of Okotoks Preschool Academy staff for authorized **outings** (nature walk or to play in our fenced play yard behind Mountain Shadows Gymnastics) and **field trips**. Notification of **field trips** will be provided to the parent or guardian prior to the actual field trip. There will be a separate information sheet and consent form required to be signed from families before departure. In case of accident of the above child, I hereby covenant and agree that no action of recovery of loss or damage resulting therefrom will be taken against Okotoks Preschool Academy's owners, its corporation or any of its employees unless such damages are due to proven negligence. Parents will accept full responsibility when allowing other parents and/or employees of the Okotoks Preschool Academy to take their child on a field trip. This includes using other parent's vehicles or when walking with the child.

OFF PREMISE OUTINGS

In this map, we have highlighted the areas we will be visiting when playing outside. If the weather permits, we will be going on outings (quick 15 minute nature walks or to play in our fenced play yard behind Mountain Shadows Gymnastics). I _____ give the staff of Okotoks Preschool Academy consent for my child _____ to participate in outdoor play in our fenced play yard behind Mountain Shadows Gymnastics located at 18 Crystalridge Drive only 70 steps away from our premises.



****The adult to child ratio will remain the same as in the classroom, 1:12 (minimum of one adult per 12 children) We will always consider the readiness of the group and make sure the activities planned are appropriate for each class.****

Signature of Parent/Guardian: _____ Date: _____

CONSENT TO EMERGENCY FIRST AID & TRANSPORTATION

In the event that my child _____ in the absolute discretion of Okotoks Preschool Academy, requires immediate medical attention, I grant my permission for Okotoks Preschool Academy to call for transportation and medical care by Emergency Medical Services (EMS). I understand and accept liability for all expenses incurred in administering this care to my child.

****Signature of BOTH parents/guardians are required.****

Printed name of Mother/Guardian: _____

Signature of Mother/Guardian: _____ Date: _____

Printed name of Father/Guardian: _____

Signature of Father/Guardian: _____ Date: _____

PERMISSION TO PHOTOGRAPH

I _____ do do not give Okotoks Preschool Academy full permission to photograph my child, _____. I understand that the majority of the photos will be used for a class photo album and Class Project/Slide Show. While some, will be used for the Okotoks Preschool Academy website, Facebook, Instagram and possibly for general advertising. No names will be published regardless of the use.

Please initial which of the following you give permission for photo use:

_____ Class Photo

_____ Facebook

_____ Class Project/Slide Show

_____ Instagram

_____ Website

_____ General Advertising

Signature of Parent/Guardian: _____ Date: _____

PORTABLE RECORD FORM

****It is important to fill out this form completely upon registration. It is a document used for field trips, fire drills, emergency situations, etc. as well as a government requirement for child-care licensing.****

Child's Full Name:	Date of Birth: (Month/Day/Year)
Address:	Alberta Health Care Number:
City: Postal Code:	Are all immunizations up to date: <input type="radio"/> Yes <input type="radio"/> No
Health Concerns/ Allergies / Medication / EpiPen / Inhaler:	
Mother's Name:	Home Phone:
Address:	Work Phone:
City: Postal Code:	Cell Phone:
Father's Name:	Home Phone:
Address:	Work Phone:
City: Postal Code:	Cell Phone:

EMERGENCY CONTACTS

****MUST be someone other than parents/guardians mentioned above and within 30 minutes reach.****

Contact Person 1:	Home Phone:
Address:	Work Phone:
City: Postal Code:	Cell Phone:
Contact Person 2:	Home Phone:
Address:	Work Phone:
City: Postal Code:	Cell Phone: