

## REGISTRATION FORM 2026

### 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  
 Tuesday, Wednesday & 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 \$210 = \$2100
- Tuesday & Thursday AM Class / 9am-11:30am / 3 year olds only / Payment is 10 months x \$170 = \$1700
- Tuesday, Wednesday & Thursday PM Class / 12:30pm-3pm / 3-5 year olds / Payment is 10 months x \$180 = \$1800

**\*\*PLEASE NOTE THE FOLLOWING\*\***

- There will be a \$30 charge for N.S.F. cheques. Outstanding fees will be charged 3% interest per month.
- Okotoks Preschool Academy programs are eligible for the government affordability grant. Prices shown are after the \$100 grant is applied. **\*\*PLEASE NOTE: these rates are subject to change with the new government agreement which is due on March 31st, 2027. If the affordability grant is no longer in place, families would be responsible to pay the \$100.\*\***
- 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](http://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 Okotoks Preschool Academy staff will walk the children in a line, supervising each session of the line by staggering adults in the front, middle (when possible) and back of the line. We will conduct counts often, especially when going for community walks up Crystalridge Drive, but also in our gated yard. Our contact number when offsite is 403-630-0896.



**\*\*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: \_\_\_\_\_

## CONSENT TO SHARE PERSONAL INFORMATION

I \_\_\_\_\_ give Okotoks Preschool Academy permission to collect and share information with the Government of Alberta and the Government of Canada as part of the childcare licensing act and grant requirements. Personal information will be handled responsibly and follow privacy laws such as the *Personal Information Protection Act*.

I also understand if I refuse, I will be responsible to pay for the full tuition. **Initial:** \_\_\_\_\_

If, for any reason, the affordability grant is no longer in place, I will be responsible for the full tuition. **Initial:** \_\_\_\_\_

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.\*\***

<b>Child's Full Name:</b>	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:	
<b>Mother's Name:</b>	Home Phone:
Address:	Work Phone:
City: Postal Code:	Cell Phone:
<b>Father's Name:</b>	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.\*\***

<b>Contact Person 1:</b>	Home Phone:
Address:	Work Phone:
City: Postal Code:	Cell Phone:
<b>Contact Person 2:</b>	Home Phone:
Address:	Work Phone:
City: Postal Code:	Cell Phone: