

STUDENT INFORMATION *(Please Print Clearly)*

Child's Full Name: _____ <small>First Middle Last</small>			Date of Birth: _____ <small>(M/D/Y)</small>	<input type="checkbox"/> Male <input type="checkbox"/> Female
Child's Home Address: _____ <small>Number/Street City/Province Postal Code</small>				
Home Phone: _____	E-mail: _____	Language(s) spoken at home: _____		
Siblings - Name(s) and Age(s): _____				
Will your child be coming with an aide from an agency? If so, what is the name of the agency? _____				
Is there any information that the preschool should know which would help the teacher work effectively with your child? _____				
Are parents living together? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, who has custody of child during preschool hours? _____				

PARENT INFORMATION
Mother *(or Legal Guardian)*
Father *(or Legal Guardian)*

	Mother <i>(or Legal Guardian)</i>	Father <i>(or Legal Guardian)</i>
Name <small>(First Name, Last Name)</small>		
Address <small>(Street, City, Province, Postal Code)</small>		
Email		
Home Phone		
Cell Phone		
Work Phone		
Occupation <i>(optional)</i> <small>(for field trip or volunteer purposes)</small>		
Full Legal Name of Payer of Fees <small>(For Tax Receipt)</small>		

AUTHORIZED PERSON(S) INFORMATION *(CANNOT BE Parents/Guardians)*

* To whom your child may be released if parent(s) cannot be contacted

1. Name: _____	Home Phone: _____
Relationship: _____	Cell Phone: _____
2. Name: _____	Home Phone: _____
Relationship: _____	Cell Phone: _____

EMERGENCY CONTACT INFORMATION *(CANNOT BE Parents and Guardians)*

Name: _____	Relationship to Child: _____	Ph: _____	Cell: _____
Address: _____ <small>Number/Street City/Province Postal Code</small>			
Alberta Health Care Number: _____			

ALLERGIES & VACCINATION INFORMATION (Please one)

Immunization records provided and attached We do not wish to disclose We chose not to immunize

Allergies *(if applicable)*: _____

Medication or Action Taken *(i.e. Benadryl, Epipen, etc.)*: _____

RELEASE OF LIABILITY: I hereby consent to *Preschool 101 Inc.* to have care and custody of my child during the times registered, and hereby recognizes and acknowledges that *Preschool 101 Inc.* will not be responsible for personal injury or loss. I give permission for the staff at *Preschool 101 Inc.* to administer first aid to my child if there is a minor injury. In the event that the injury of my child requires further medical attention and I cannot be located, I hereby consent to *Preschool 101 Inc.* calling an ambulance if deemed necessary. It is my responsibility for any costs incurred.

Parent/Guardian Signature: _____ Date: _____

DISCIPLINE POLICY:

At *Preschool 101*, we recognize that children are always learning and growing to develop as an individual with distinct character at different ages. It is our responsibility as Teachers and Parents to establish guidelines to foster good behaviour by communicating with the children so they can learn to respect themselves, their peers, the authorities and environment around them.

At *Preschool 101* we teach, create, promote and model positive behaviour for our preschoolers. However, should any behavioural expectations need to be addressed; the following techniques will be used:

- Redirection to a choice of another activity (if applicable);
- Recognizing and rewarding positive behaviour;
- Discussion with child if they show inappropriate or disrespectful behaviour;
- Temporary removal from the group, inside the classroom, for some “thinking time”(1 minute per age of child);
- Teacher and Parent will meet to discuss strategy for further steps to be taken if the child continues to misbehave in class. If required, the Principal Educator may be requested to take part in the meeting.

The following practices are **PROHIBITED** at *Preschool 101*:

- Children will not be disciplined in a punitive manner;
- Physical punishment;
- Withholding food;
- Emotional deprivation; and
- Isolation.

FIELD TRIPS:

Periodically, *Preschool 101* will take field trips in the City of Calgary and vicinity thereof, when, in the opinion of the Principal Educator, defines them of educational value and as an essential part of the school program. It is agreed that these educational field trips may take place anytime during the school term. Before each field trip, a special notice will be provided to the Parents/Guardians with information naming the area to be visited; including date/time of the field trip. This notice and waiver will require a Parent or Guardian’s signature in order to grant permission for the student to participate.

*** Important:** I understand that my child must be toilet trained before attending preschool.

(Initial)

Parent/Guardian Signature: _____ Date: _____

¹ Please contact our Preschool to confirm if you are eligible for our **Loyalty** discount on registration fee.

CANCELLATION & PAYMENT POLICY:

Registration Fee is non-refundable. To cancel your registration during the school term, a **1 Month written notice is mandatory.** Registration Fee and 1st month’s school fee must be paid on the day of registration. Nine (9) post-dated cheques (dated for the 1st of each month of the school year from October to June of the following year) must be submitted with the completed registration form before your child’s first day of class. There will be an NSF fee of \$25.00 for each cheque returned.

I have read and agreed with the **CANCELLATION & PAYMENT POLICY.**

(Initial)

Please make post-dated cheques payable to: **Preschool 101 Inc.**

ADMINISTRATION USE ONLY:

Start date:		Receipt No:		Notes:	
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Student Media Release Consent Form

I give permission for my child’s image and student work to be published on the Preschool 101 Inc. website and/or Facebook page. I am aware that my child’s name will be kept confidential and will not be shown on any of these images or their student work.

- Please mark this box if you **AGREE** that your child’s image and student work may be published.
- Please mark this box if you **DO NOT WISH** your child’s image and student work may be published.

I have read this Student Media Release Consent Form and I fully understand the contents and meaning of this release. I understand that I am free to contact the Principal Educator with any questions regarding this release.

Student’s Name:	
Program:	
Parent’s/Guardian’s Name:	
Parent’s/Guardian’s Signature:	
Date:	

Preschool 101 Inc. Policies and Procedures Acknowledgement

I, _____, acknowledge that I have read the Preschool 101 Inc. Parent Handbook (found in the preschool website: <<http://www.preschool101.net/parent-info.html>>, under “Parent’s Handbook”) and I understand its Policies and Procedures.

Parent’s/Guardian’s Signature:	
Date:	