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| Office Only | |
| Reg. Fee | |



Registration Form 2020-2021

KEY PRESCHOOL POLICIES

Please date and sign below to indicate your agreement with the following statement:
 I have reviewed a copy of the Discovery Corner Preschool Parent Handbook and will comply with the policies outlined therein (the Discovery Corner Preschool Parent Handbook is also posted on our website). Please, note that this list is not inclusive of all Discovery Corner Preschool policies.

 Date (day/month/year)

 Signature of parent or guardian

Summary of Key Policies

I/We have paid the 100.00 Registration Fee and acknowledge that is non-Refundable.

I/We are aware that we are required to pay for every day our Child(ren) is/are scheduled to attend DCP, subject only to the term on withdrawal and changes to attendance found below and that we must pay even if our child(ren) is/are absent due to illness, vacation, statutory holidays, PD days or for any other reason.

I/We agree to provided in writing 1 (one) full calendar month notice to withdraw from the program. **(NOTICE BEING GIVEN ON THE FIRST OF THE MONTH FOR THE MONTH FOLLOWING).** Withdrawal must be made by October 31st, of the current school year, otherwise a 500.00 withdrawal fee will be applied.

Changes on the start date, increase or decrease number of days of school, must be done by August 15 of the current school year. **After this date no decreases can be made.**

If your child is ill, you must keep him/her home both for your child’s sake and to ensure that other children do not get sick. Students will not be able to return until the parent shows acceptable evidence that **the child is symptom free for at least 24 hours or the child’s physician gives a written letter that the child no longer possess risk to other person on the program premises.**

Snack food and lunch must be provided by the parent and must be **healthy and nut free**, including treats for special days and holidays (birthdays, Halloween, Christmas, Valentine’s Day, etc.)

If a student is not picked-up on time, a late pickup fee, at a rate of \$1.00 per minute, will be charged.

Students must be picked-up by an individual who is at least 18 years of age and is listed in the child registration form.

All contact information for parents, guardians and emergency contacts must be kept up-to-date.

Students must be **fully potty-trained** prior to attending the **3-year-old preschool program. NO EXCEPTIONS**

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Please, mark the program or programs you would like your child to attend and, see our fee schedule for this upcoming school year on our website. It has been updated.

| Extended Day Program 7:30 am – 5:30 pm Monday through Friday | |
|---|---------|
| Drop Off | Pick Up |

| Full Day Program 8:00 am – 5:00 pm Monday through Friday | |
|---|---------|
| Drop Off | Pick Up |

| Part Time Day Program 9:00 am – 12:00 pm or 9:00 am – 3:00 pm (Please mark time and days) | |
|--|---------|
| Drop Off | Pick Up |
| Monday Tuesday Wednesday Thursday Friday | |

| Enhanced Kindergarten Program at DCP Afternoon class 11:30 am – 5:00 pm | |
|--|---------|
| Drop Off | Pick Up |

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PRIMARY CONTACT INFORMATION

Child's Legal Name: _____
First Middle Last

Preferred Name _____ Male / Female _____ Date Of Birth: _____
Circle one day/month/year

Home Address: _____
Street City Province Postal Code

Mother's Name: _____
First Last

Home Address: _____
Street City Province Postal Code

Employer Name and Address: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone(____) _____

Father's Name: _____
First Last

Home Address: _____
Street City Province Postal Code

Employer Name and Address: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone(____) _____

Allergies: _____ **Immunized:** YES / NO

Primary email address: _____

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Emergency Contact (Other than Parents)

Name: _____ Relationship to child: _____
 First Last

Home Address: _____
 Street City Province Postal Code

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone(____) _____

Name of persons authorized, other than those listed above, to pick up your child from school (over 18 years old)

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

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MEDICAL INFORMATION

Allergies (if your child does not have allergies, please write "none")

| Allergy | Reaction | Treatment |
|---------|----------|-----------|
| | | |
| | | |

Medications (please specify any medications your child is currently taking, how often they are administered AND complete the Authorization to Administer Medication if the medication is to be administered to your child at school)

Does your child have any condition or illness that may affect him/her at school? (please explain)

Hospitalization (date and diagnosis)

Medical or emotional conditions (requiring or receiving treatment or supervision, please explain)

Are your child's immunizations up-to-date: **Yes or No**
(circle one)

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AUTHORIZATION TO ADMINISTER MEDICATION

I, _____, hereby authorize and instruct Discovery Corner Preschool to
 (print name of parent/guardian)

administer, _____, _____, _____
 (print name of student) (print name of medication) (amount of dosage)

at _____ on _____ as prescribed by _____
 (times to be given) (actual date: first and last) name of doctor including initial)

and dispensed under Prescription number _____ (this number must match the label).

I understand that the medication must be in the original container and properly labeled with the student's names, date of issue, name of prescribing physician, dosage and instructions. Staff will keep a daily record of medication(s) administered.

 Date (day/month/year)

 Signature of parent or guardian

 Name (printed)

NEWSLETTER AND PRESCHOOL COMUNICATION

A paper copy of our newsletter is placed in your child's back pack or deliver at the door when you pick up your child at the beginning of each month.

If you would like to receive a newsletter via email instead, please provide your most current email address.

E-mail: _____
 Please print

E-mail: _____
 Please print

Would you like to receive preschool communication via email? **YES** **NO**

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In consideration for permitting the participation in the Discovery Corner Preschool program, the following releases, consents, agreements and promises must be given in respect of each student. Please read the following carefully and ensure you have signed each section.

RELEASE

We/I the undersigned as parent/legal guardian of:

(Name of Child)

(the "Child"), hereby remise, release, and forever discharge the Discovery Corner Preschool, any successors and assigns thereof, and their respective directors, officers, teachers, representatives, contractors, volunteers, agents and invitees (collectively, the "Releases") from all manners of action, causes of action, claims, demands, losses and liabilities which we/I and the Child had, now have, or may hereafter have for any cause, matter, or thing, and in particular, without limiting the generality of the foregoing, by reason of any injury suffered by the Child, and any damages, losses or liabilities arising there from, related to, resulting from or arising in connection with, the Discovery Corner Preschool or its related activities; and do hereby indemnify the Releases against loss from any and all further claims, demands and actions at law that may hereafter at any time be made or brought by Child or by anyone on the Child's behalf, or by any third party for the purpose of enforcing a further claim for damages arising out of or connected in any way with the Child's participation in the Discovery Corner Preschool.

Parent's Signature: _____

NEIGHBORHOOD WALK CONSENT

From time to time the Preschool students participate in small field trips within the community of Springbank. These trips include nature walks, and other special events such as an Easter Egg Hunt or planting a garden. Because these events often have to be rescheduled due to inclement weather the Preschool is requesting that parents sign a general consent form for these walking trips within the community only (this is for insurance purposes). Further event details will be distributed via notices from the class.

My child, _____, is allowed to participate in walking field trips within the community of Springbank during regular Preschool hours.

Parent's Signature: _____

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PHOTO AND VIDEO RELEASE

From time to time pictures or video are taken of the preschool children primarily for the children's slide show, scrapbooks, media (Preschool Facebook page, Instagram and Twitter); however, they may also be photographed for publicity or educational purposes. No compensation will be offered.

Do you give permission for _____ (child's name) to be photographed/videotaped for the scrapbooks/slideshow/media?

(Circle one) **Yes No**

Do you give permission for _____ (child's name) to be photographed/videotaped for publicity or educational purposes?

(Circle one) **Yes No**

Parent's Signature: _____

RELEASE OF PERSONAL INFORMATION CONSENT

We/ I the undersigned as parent/legal guardian of:

_____ (Name of Child)

(the "Child") hereby grant consent to the Discovery corner Preschool to use, release and disclosure of personal information about you, Child's other parent/guardian and the Child which is provided to us, or of which we are in receipt, including name, address, phone number and email address, as is reasonably necessary or desirable for the purposes of the Discover Corner Preschool or the Child's participation in the Discovery Corner Preschool program, including:

- Providing notices of meetings
- Arranging parental volunteers
- Coordinating school events
- Scholastic book orders
- General preschool business

Parent's Signature: _____

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RELEASE OF MEDICAL TREATMENT CONSENT

It is the policy of Discovery Corner Preschool to first contact parents/guardians, or others designated by the parents/guardians, to authorize medical treatment in the event of an emergency. It is also our policy to move children in need of immediate professional medical care by way of ambulance to the Alberta Children's Hospital.

Therefore, Discovery Corner Preschool requests that parents/guardians sign the following consent to medical treatment for use in an emergency in the event that the child's parents/guardians, or others designated by parents/guardians, are unavailable:

I, _____, parent/guardian of the child _____, born
(print name of parent/guardian) (print name of child)

_____, do hereby authorize the Discovery Corner Preschool to secure such medical advice and
(day/month/year)

services in my absence as it deems necessary for the health and safety of my child. I shall be financially responsible for such advice and services.

Date (day/month/year)

Signature of parent or guardian

Name of parent printed

VOLUNTEER AGREEMENT

Discovery Corner Preschool requires that parents directly participate in helping with preschool field trips. Families are expected to provide transportation to and from field trips and remain on-site to assist with supervision. Families may be asked to volunteer for special events throughout the year. This may include providing food, helping to set up or cleanup for an event.

I the undersigned parent/legal guardian of _____ (child's name) understand and agree to help out and support the Preschool as reasonably requested to do so (i.e. requisite amount of time volunteering in the classroom), and will contribute time for additional support as required (i.e. field trips).

Parent's Signature: _____

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ACCEPTANCE AND ACKNOWLEDGEMENT

We/I have read, agree, consent to and accept the foregoing releases, consents, promises and agreements as noted above.

Calgary, _____ day of _____ 20_____.

Parent Signature

Parent Name (Please print)

Witness Signature

Witness Name (Please print)

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Discovery Corner Preschool
 250011 Range Rd 33 Calgary AB
 T3Z 2E9 403-472-1477

Please complete the Pre-Authorized Debit (PAD) Plan agreement below.

I/we authorize Discovery Corner Preschool and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our registration agreement. Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the 1st day of each month. Discovery Corner Preschool will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until June 1, 2021. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.cdnpay.ca.

Discovery Corner Preschool may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us.

I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca

PLEASE PRINT

DATE: _____

Name(s): _____ Account Number: _____

Type of Service: Personal _____ Business _____

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Phone Number: _____ (Cell.) _____

Monthly Tuition Fees _____

Financial Institution (FI): _____

FI Account Number: _____ FI Transit Number: _____ - _____
(Branch -5 digits; FI - 3 digits)

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Authorized Signature(s): _____