



Cochrane Creative Playschool Society (CCPS) 2019/2020 Registration Form

Requested Class: ___ 3yr old AM ___ 4yr old AM

CHILD'S INFORMATION

Child's Full Name: _____ Birth Date: DD / MM / YY
Child's Preferred Name: _____ Alberta Health Care #: _____
Child's Gender: ___ male ___ female ___ prefer not to specify Home Phone: _____
Mailing address: _____
City: _____ Province: _____ Postal Code: _____
Family E-Mail Address (primary communication): _____
Preferred hand during activities (L/R or Either): _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian #1

Full Name: _____ Relationship to child: _____
Child lives with? ___ yes ___ no ___ part-time (joint custody) Cell Phone: _____
Additional email (only if you want emails to go to this email AND one above): _____
Home address (a physical address, not mailing): ___ check here if same as at top OR fill out below:

City: _____ Postal Code: _____
Occupation: _____ Work Phone: _____ ext _____
Name of Employer: _____ Work Hours: _____
Business Address: _____ City: _____

Parent/Guardian #2 (if applicable)

Full Name: _____ Relationship to child: _____
Child lives with? ___ yes ___ no ___ part-time (joint custody) Cell Phone: _____
Additional email (only if you want emails to go to this email AND one above): _____
Home address (a physical address, not mailing): ___ check here if same as at top OR fill out below:

City: _____ Postal Code: _____
Occupation: _____ Work Phone: _____ ext _____
Name of Employer: _____ Work Hours: _____
Business Address: _____ City: _____

Please attach an additional sheet with the information if there are more than two parents or legal guardians. Also, if there is an existing custody court order, please submit a photocopy for our records.

SIBLING INFORMATION

Names and ages of siblings: _____
Has anyone in the family received Speech Services or PUF Funding (Y/N): _____

Child's Health Information

Each line must be filled out. If it does not apply please write "N/A"

Child's Physician Name: _____ Phone: _____

Clinic Name or Address: _____

Regular Medications or Supplements: _____

Medicinal or Food Allergies: _____

Any other Allergies: _____

Reaction to Allergy: _____

Emergency Medication: _____

*please note: if your child requires medications to be administered at CCPS an additional 'Consent to Administer Medications' Form is required and arrangements must be made with the teacher

Any Special Health Concerns: _____

CHILD PICK- INFORMATION UP

List those who may pick up your child, other than parents/guardians listed on first page

Name: _____ Phone: _____ Relationship to child: _____

Name: _____ Phone: _____ Relationship to child: _____

Name: _____ Phone: _____ Relationship to child: _____

Name: _____ Phone: _____ Relationship to child: _____

Emergency Contact Information

These are your emergency contacts (other than parents/guardians listed on first page). You must complete all the information for a **minimum of two people**. You may attach an additional page with more if you like.

Emergency Contact #1:

Full Name: _____ Relationship to child: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Home Address(a physical address, not mailing): _____

City: _____ Province: _____ Postal Code: _____

Emergency Contact #2:

Full Name: _____ Relationship to child: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Home Address(a physical address, not mailing): _____

City: _____ Province: _____ Postal Code: _____

Consent to Emergency First Aid & Transportation:

I, _____ (parent/guardian), hereby give my consent for _____ (child's name), to be given emergency first aid treatment by a staff member or volunteer at Cochrane Creative Playschool Society (CCPS). I also give consent for my child to be transported by car or ambulance to an emergency centre for treatment, and agree to not hold CCPS, its teachers or members liable.

Parent's Signature _____ Date: _____

Cochrane Creative Playschool Society 2019/2020 Waiver and Release Form

Please read the following carefully and initial appropriately.

PRIVACY POLICY

The information you supply to Cochrane Creative Playschool Society (CCPS) in this registration form will be made available to our teacher and Board members. All information obtained shall be kept confidential with the exception of: a list of parents' names, phone numbers and emails, from your child's class only, will be made available to you for the purpose of changing your required classroom volunteer days, if necessary.

Do you consent to have your name and phone number distributed for the class contact list? ___YES___ NO

Do you consent to have your email address(es) distributed for the class contact list? ___YES___ NO

INITIAL: _____

(Please note that only those families who consent to have their information shared will receive a class contact list)

CONFIDENTIALITY AGREEMENT

I, _____, (parent/guardian) agree that any information shared by Cochrane Creative Playschool Society's (CCPS) teacher or anything observed during classroom volunteer days must be kept confidential and not discussed outside the classroom under any circumstances. Any questions or concerns can be discussed with the teacher or Board outside of classroom time.

INITIAL: _____

GENERAL TRANSPORTATION PERMISSION

I, _____ (parent/guardian), hereby give my consent for my child, _____ (child's name) to leave the premises of Cochrane Creative Playschool Society (CCPS) at the teacher's discretion without prior notice during playschool hours, for activities such as walks and outdoor play during the 2019/2020 playschool year. I understand that separate permission forms will be requested by CCPS for planned field trips.

INITIAL: _____

CRIMINAL RECORD CHECK

I, _____ (parent/guardian), have been informed and am aware that I, and any other individual who plans to volunteer in the class, will need to provide Cochrane Creative Playschool Society (CCPS) with a current Criminal Record Check (within 6 months), which must include a vulnerable sector check. The Criminal Record Check must be presented to a Board member or teacher for our school records prior to school start up in September. In the event of late registration, you must apply for your criminal record check as soon as possible and present it before your first volunteer day.

INITIAL: _____

PHOTO/VIDEO CONSENT

I, _____ (parent/guardian), hereby give my consent for my child, _____ (child's name) to be photographed or videotaped by the teacher of Cochrane Creative Playschool Society (CCPS) for the purpose of class albums and newsletters, CCPS website use, Facebook (no names will be used), special projects and posting in the classroom. I am also aware that parent volunteers may photograph their child in the classroom on special helper days and parents may also photograph or videotape any special functions put on by CCPS, such as parties, field trips, etc.

INITIAL: _____

Cochrane Creative Playschool Society 2019/2020 Policy Acknowledgement

POLICY CONTRACT

By signing this contract, you commit and agree to all policies of Cochrane Creative Playschool Society (CCPS) which include, but are not limited to, the volunteer component of CCPS. (Donating your time in the classroom, toy cleaning and other volunteer expectations). Volunteering is an integral part of the CCPS program, and as a parent co-operative, this is also part of our licensing requirements. Also, an integral component of the CCPS program is our annual fundraising, as designated by the fundraising coordinator in conjunction with the Board of Directors. By signing this contract you also commit and agree to participate in our fundraising efforts for the playschool year or are responsible for donating the required funds instead.

Each parent is required to submit a \$150.00 fundraising bond cheque that will be cashed at the end of the year if the fundraising commitment is not met.

INITIAL: _____

You also acknowledge that if you do not fulfill your commitment of volunteering in the classroom and at the required toy cleaning sessions that the \$50.00 volunteer bond cheque will be cashed at the time of the missed commitment and a new cheque must be provided before the student may resume classes.

INITIAL: _____

WITHDRAWAL & REFUND POLICY

If at any time during the school year you choose to withdraw your child from the program, you are required to give 30 DAYS WRITTEN NOTICE (from the first of the month) and by not doing so you forfeit tuition for that month (regardless of the existence of a waiting list). If you withdraw your child before the beginning of the new school year you are still responsible to give 30 DAYS WRITTEN NOTICE (by August 1, 2019) or forfeit tuition for the month of September.

Please note that registration fees are non-refundable regardless of situation. Also, please note that refunds will not be issued for partial months, including absences for illness.

By signing this you indicate you have been informed and understand the aforementioned policy.

INITIAL: _____

**I, _____ have read and understand the above policies of
Cochrane Creative Playschool Society.**

Parent's Name: _____

Parent's Signature: _____

Date: _____

PUBLICITY QUESTIONNAIRE

We appreciate you sharing how you heard about us (it helps us to focus our advertising efforts):

Website Word of Mouth Newspaper Program Guide Facebook Other: _____

CCPS 2019/2020 Fees Checklist

Registration Fee

A non-refundable registration fee of \$35 will be required upon registration of your child.

Monthly Tuition Fee:

The monthly tuition fee for the 3-year-old (2 days a week) program is \$125 per month for the 10 months. The monthly tuition fee for the 4-year-old (3 days a week) program is \$160 per month for the 10 months. We ask that you submit post-dated cheques **payable to CCPS** for the year as outlined below. Please note, to secure your child's position in the program, all post-dated cheques must be received upon registration.

Fees Checklist:

Cheque Checklist	3-Year-Old Program (2 days a week)	4-Year-Old Program (3 days a week)
	• One cheque with today's date (or cash) for the \$35 non-refundable registration fee	
	• One cheque dated Aug 1 for \$125 (Sept fee)	• One cheque dated Aug 1 for \$160 (Sept fee)
	• One cheque dated Oct 1 for \$125	• One cheque dated Oct 1 for \$160
	• One cheque dated Nov 1 for \$125	• One cheque dated Nov 1 for \$160
	• One cheque dated Dec 1 for \$125	• One cheque dated Dec 1 for \$160
	• One cheque dated Jan 1 for \$125	• One cheque dated Jan 1 for \$160
	• One cheque dated Feb 1 for \$125	• One cheque dated Feb 1 for \$160
	• One cheque dated Mar 1 for \$125	• One cheque dated Mar 1 for \$160
	• One cheque dated Apr 1 for \$125	• One cheque dated Apr 1 for \$160
	• One cheque dated May 1 for \$125	• One cheque dated May 1 for \$160
	• One cheque dated June 1 for \$125	• One cheque dated Jun 1 for \$160
	• One undated cheque for \$50 for the volunteer bond (only cashed in the event a volunteer commitment is not met, and then new cheque must be issued)	
	• One undated cheque for \$150 for the fundraising bond (only cashed at end of year if fundraising commitment was not met. *Pro-rated for parents who join part way through the year)	

If parents choose to pay the full school year in **one payment** they will receive **\$50 off** their yearly fee.

	3-Year-Old Program	4-Year-Old Program
	• One cheque dated Aug 1 for \$1200 (\$1250-\$50)	• One cheque dated Aug 1 for \$1550 (\$1600-\$50)

NSF cheques are subject to a \$10 NSF fee imposed by our bank. Any cheque returned NSF to our Treasurer must be rectified immediately with cash or a replacement cheque and include the applicable NSF fee.