



Cochrane Creative Playschool Society (CCPS) 2022/2023 Registration Form

Requested Class: ___ 2 days/week AM (3 year old MW 9-12pm)
___ 3 days/week AM (3/4 year old, MWF 9-12pm)

CHILD'S INFORMATION

Child's Full Name: _____ Birth Date: DD / MM / YY

Child's Preferred Name: _____

Child's Gender: ___ male ___ female ___ prefer not to specify Primary 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: _____ Home Phone: _____ Work Phone: _____

**please fill in with n/a if no home or work phone number*

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: _____

Parent/Guardian #2 (if applicable)

Full Name: _____ Relationship to child: _____

Child lives with? ___ yes ___ no ___ part-time (joint custody)

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

Additional email (only if you want emails to go to this email AND one above): _____

**please fill in with n/a if no home or work phone number*

Home address (a physical address, not mailing): ___ check here if same as at top OR fill out below:

_____ City: _____ Postal Code: _____

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:

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: _____

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 **MUST** include the postal code (full address). You may attach an additional page with more if you like.

Emergency Contact #1:

Full Name: _____ Relationship to child: _____

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

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

City: _____ Province: _____ Postal Code: _____

Emergency Contact #2:

Full Name: _____ Relationship to child: _____

Cell Phone: _____ Home 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 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 2022/2023 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 communicating with your class.

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 2022/2023 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 2022/2023 Policy Acknowledgement

POLICY CONTRACT

By signing this contract, you commit and agree to all policies of Cochrane Creative Playschool Society (CCPS) which include, toy cleaning volunteering and our fundraising program. Our annual fundraising is an integral component of the CCPS program is, as designated by the fundraising coordinator in conjunction with the Board of Directors.

Each parent is required to submit a \$175.00 fundraising bond cheque/cash that will be deposited at the end of the year if the fundraising commitment is not met.

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, 2022).

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 ___ Facebook ___ Other: _____

CCPS 2022/2023 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 our 3- year-old (2 days a week) program is \$79/month (\$154 minus the \$75 government grant) for the 10 months. The monthly tuition fee for our 4-year-old program (3 days a week) program is \$120/month (\$195 minus the \$75 government grant) for the 10 months. Tuition can be paid by e-Transfer (if necessary post-dated cheques can be accepted – please email to arrange this).

All e-Transfers are made to cochranecreative@gmail.com.

Please complete the e-Transfer Agreement and return with your completed registration.

2 days/week Program	3 days/week Program
• One e-Transfer for \$35 non-refundable registration fee	
• Payment made September 1, 2022 for \$79 and then one for every month after, up to and including June	• Payment dated September 1, 2022 for \$120 and then one for every month after, up to and including June

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 payment made Sept 1 for \$740 (\$790-\$50)	• One payment made Sept 1 for \$1150 (\$1200-\$50)

Government Subsidy

The government of Alberta has a \$125/month preschool subsidy program available to all families with a family income of \$180 000 or less. If you are eligible **YOU** must apply through the website and when approved your monthly tuition fees will be adjusted (the subsidy is more than the tuition rate, meaning your preschool will be free).

****Please submit your application by August 15 with a start date of September 1, 2022**

Website for information and to apply: [Alberta Subsidy Program](#)



Cochrane Creative Playschool Society (CCPS) 2022/2023 e-Transfer Agreement

Parent Name: _____

Student Name: _____

Class: _____

I _____ agree to follow the e-Transfer payment schedule set out by CCPS for the 2022/2023 school year.

A reminder for payment will be sent by email a few days before payments are due, e-Transfers to cochranecreative@gmail.com are due by 11:59pm on the first of every month. An overdue reminder will be sent if payment is not received by the 5th of the month.

Parent Signature: _____

Date: _____

CCPS Treasurer Signature: _____

Date: _____