

## ACADEMIC DISCOVERY SUMMER CAMP REGISTRATION FORM – 2021

Child's Full Name: \_\_\_\_\_  
First
Middle
Last

### ACADEMIC DISCOVERY SUMMER CAMP:

*Academic Discovery Summer Camp* is designed for children 3 to 5 years of age. Each day, we will have a different theme: Pirates and Princesses, Beach & Ocean, Science Fun, Space Exploration and Camping. Children will learn new things and have the opportunity to make new friends. The preschoolers will enjoy art activities, games and fun lessons that are carefully planned by our teachers so that children are learning while having fun.

**PLEASE PRINT THE FORM,  CHECK OFF THE CLASSES THAT YOU WOULD LIKE TO REGISTER YOUR CHILD AND SUBMIT IT TO THE PRESCHOOL IN PERSON.**

<input type="checkbox"/>		July 5 – July 9, 2021	<input checked="" type="checkbox"/>	S	M	T	W	T	F	S		9:30 AM - 12:00 PM		\$125.00
<input type="checkbox"/>		July 5 – July 9, 2021	<input checked="" type="checkbox"/>	S	M	T	W	T	F	S		1:00 PM - 3:30 PM		\$125.00
<input type="checkbox"/>		July 12 – July 16, 2021	<input checked="" type="checkbox"/>	S	M	T	W	T	F	S		9:30 AM - 12:00 PM		\$125.00
<input type="checkbox"/>		July 12 – July 16, 2021	<input checked="" type="checkbox"/>	S	M	T	W	T	F	S		1:00 PM - 3:30 PM		\$125.00
<input type="checkbox"/>		July 19 – July 23, 2021	<input checked="" type="checkbox"/>	S	M	T	W	T	F	S		9:30 AM - 12:00 PM		\$125.00
<input type="checkbox"/>		July 19 – July 23, 2021	<input checked="" type="checkbox"/>	S	M	T	W	T	F	S		1:00 PM - 3:30 PM		\$125.00
<input type="checkbox"/>		July 26 – July 30, 2021	<input checked="" type="checkbox"/>	S	M	T	W	T	F	S		9:30 AM - 12:00 PM		\$125.00
<input type="checkbox"/>		July 26 – July 30, 2021	<input checked="" type="checkbox"/>	S	M	T	W	T	F	S		1:00 PM - 3:30 PM		\$125.00
<input type="checkbox"/>		Aug 3 – Aug 6, 2021	<input checked="" type="checkbox"/>	S	M	T	W	T	F	S		9:30 AM - 12:00 PM		\$100.00
<input type="checkbox"/>		Aug 3 – Aug 6, 2021	<input checked="" type="checkbox"/>	S	M	T	W	T	F	S		1:00 PM - 3:30 PM		\$100.00
<input type="checkbox"/>		Aug 9 – Aug 13, 2021	<input checked="" type="checkbox"/>	S	M	T	W	T	F	S		9:30 AM - 12:00 PM		\$125.00
<input type="checkbox"/>		Aug 9 – Aug 13, 2021	<input checked="" type="checkbox"/>	S	M	T	W	T	F	S		1:00 PM - 3:30 PM		\$125.00
<input type="checkbox"/>		Aug 16 – Aug 20, 2021	<input checked="" type="checkbox"/>	S	M	T	W	T	F	S		9:30 AM - 12:00 PM		\$125.00
<input type="checkbox"/>		Aug 16 – Aug 20, 2021	<input checked="" type="checkbox"/>	S	M	T	W	T	F	S		1:00 PM - 3:30 PM		\$125.00
<input type="checkbox"/>		Aug 23 – Aug 27, 2021	<input checked="" type="checkbox"/>	S	M	T	W	T	F	S		9:30 AM - 12:00 PM		\$125.00
<input type="checkbox"/>		Aug 23 – Aug 27, 2021	<input checked="" type="checkbox"/>	S	M	T	W	T	F	S		1:00 PM - 3:30 PM		\$125.00

**STUDENT INFORMATION** *(Please Print Clearly)*

Child's Full Name: _____			Date of Birth: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
First	Middle	Last	(M/D/Y)	
Child's Home Address: _____				
Number/Street		City/Province	Postal Code	
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)*

<b>Name</b> <small>(First Name, Last Name)</small>		
<b>Address</b> <small>(Street, City, Province, Postal Code)</small>		
<b>Email</b>		
<b>Home Phone</b>		
<b>Cell Phone</b>		
<b>Work Phone</b>		
<b>Occupation</b> <i>(optional)</i> <small>(for field trip or volunteer purposes)</small>		
<b>Full Legal Name of Payer of Fees</b> <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: _____			
Number/Street		City/Province	Postal Code
<b>Alberta Health Care Number:</b> _____			

**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: _____
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**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 techniques are **PROHIBITED** at *Preschool 101*:

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

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

\_\_\_\_\_ (Initial)

**CANCELLATION & PAYMENT POLICY:**

To cancel your registration, a 1 Month written notice is required. There will be an NSF fee of \$25.00 for each cheque returned.

Please make cheques payable to: **Preschool 101 Inc.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICIAL USE ONLY:**

Start date:		Receipt No:		Notes:	
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**Registration Checklist for Parents and Guardians:**

- All pages of the Registration Form have been completed, initialled and signed.
- All Fees submitted are to be submitted by: Post-dated cheques, eTransfer or Cash.

**FEE PAYMENT OPTIONS:**

**A. eTransfer Instruction:**

- Please contact *Preschool 101* for instructions.

**B. Cheque and Post-dated Cheques:**

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

**C. Cash:**

- We accept *Cash* (please bring exact amount for payment as we do not keep cash onsite for change).

**Note: Registration is considered completed and a spot is guaranteed only if ALL of the above are submitted.**

### 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:	