



Registration Form 2023-2024

To be completed by the Registrar Registration Date: _____ Registration Time: _____ Class: _____

Contact Information

Child's Full Name: _____ Preferred Name: _____
First Middle Surname

Male or Female _____ Date of Birth _____ Verified by: _____
circle one day/month/year (Registrar's signature)

Home Address:

Street City Province Postal Code

Mailing address for communication:

(if different from home address) Street City Province Postal Code

Siblings:

(names and ages)

Mother's Name: _____
First Surname

Email Address: _____

Home Address:

(if different from child's address) Street City Province Postal Code

Home Phone: (____) _____ Business Phone: (____) _____ Other : (____) _____

Father's Name: _____
First Surname

Email Address: _____

Home Address:				
(if different from child's address)	Street	City	Province	Postal Code
Home Phone: () Business Phone: () Other : ()				
Alternate Emergency Contact (Other than parents)				
Name:		Relationship to Child:		
First	Surname			
Address:				
Street				
Home Phone: () Business Phone: () Other : ()				
Names of persons authorized, other than those listed above, to pick up your child from school (over 18 years of age):				
Names of persons NOT authorized to pick up your child from school:				

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 <i>Authorization to Administer Medication</i> if the medication is to be administered to your child at school) <div style="border-bottom: 1px solid black; height: 15px; margin-top: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-top: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-top: 5px;"></div>		
Does your child have any condition or illness that may affect him/her at school? (please explain) <div style="border-bottom: 1px solid black; height: 15px; margin-top: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-top: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-top: 5px;"></div>		
Hospitalization (date and diagnosis) <div style="border-bottom: 1px solid black; height: 15px; margin-top: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-top: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-top: 5px;"></div>		
Medical or emotional conditions (requiring or receiving treatment or supervision, please explain) <div style="border-bottom: 1px solid black; height: 15px; margin-top: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-top: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-top: 5px;"></div>		
Are your child's immunizations up-to-date: Yes or No <div style="text-align: center; font-size: small;">circle one</div>		
Authorization to Administer Medication I, _____, hereby authorize and instruct Glenbrook Preschool Society to administer, <div style="text-align: center; font-size: small;">(print name of parent/guardian)</div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%;">_____ <div style="text-align: center; font-size: small;">(print name of student)</div></div> <div style="width: 30%;">_____ <div style="text-align: center; font-size: small;">(print name of medication)</div></div> <div style="width: 30%;">_____ <div style="text-align: center; font-size: small;">(amount of dosage)</div></div> </div> at _____ on _____ as prescribed by _____ and <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 20%; font-size: small;">(times to be given)</div> <div style="width: 30%; font-size: small;">(actual date: first and last)</div> <div style="width: 50%; font-size: small;">(name of doctor including initial)</div> </div> 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)

Release and Liability Waivers

It is the policy of the Glenbrook Preschool Society 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, the Glenbrook Preschool Society 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 student)*

_____, do hereby authorize the Glenbrook Preschool Society 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 (printed)

I waive any claim I may have against the Glenbrook Preschool Society, its employees and volunteers arising from my child's participation in the preschool program and agree to indemnify and save harmless the preschool, its employees and volunteers for any claim whatsoever, including any claim for medical services, arising from my child's participation in the program.

I freely and voluntarily assume any risks and hazards inherent in participating in the preschool program and accordingly, my child's participation in the program shall be entirely at his/her own risk.

This Release, Waiver of Claim and Assumption of Risk is binding on me, my heirs, my executors, administrators, personal representatives and assigns.

Date (day/month/year)

Signature of parent or guardian

Name (printed)

Key Preschool Policies

Please date and sign below to indicate your agreement with the following statement:

I have reviewed a copy of the *Glenbrook Preschool Society Parent Handbook* and will comply with the policies outlined therein (the *Glenbrook Preschool Society Handbook* is posted on our website).

Date (day/month/year)

Signature of parent or guardian

Please initial each of the following key policies to indicate that you understand the policies and will comply with them (please note that this list is not inclusive of all Glenbrook Preschool Society policies).

Initial

Summary of Key Policies

- | | |
|-------|--|
| _____ | 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. |
| _____ | Outside food, including treats for special days and holidays (birthdays, Halloween, Christmas, Valentine's Day, etc.) cannot be brought into the school – this includes the cloakroom. |
| _____ | If a student is not picked-up on time, a late pickup fee, at a rate of \$1.00 per minute, will be charged to the family. |
| _____ | Students must be picked-up by an individual who is at least 18 years of age. |
| _____ | 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 Preschool. |

Parent Volunteer Opportunities

Glenbrook Preschool Society is a non-profit parent-run program. Our volunteer positions are year round and offer a variety of areas of interest. Time commitments are also quite varied ranging from less than one hour per month to many hours per month. Previous experience is not required and new volunteers will receive orientation at the annual "Hand Off" Parent Advisory Committee meeting in June.

I am interested in the following positions and would like to know more:

- ☐ **President or Vice-President** Chairs monthly meetings and oversees the operation of the Preschool
- ☐ **Registrar** Retrieves voice messages, answers questions regarding the Preschool, enrolls students in the Preschool
- ☐ **Treasurer** Responsible for all financial transactions and monitors the Preschool's financial position
- ☐ **Payroll Administrator** Monitors and maintains staff payroll
- ☐ **Secretary** Records and circulates meeting notes for the Parent Advisory Committee
- ☐ **Newsletter Editor** Creates the monthly Preschool newsletter
- ☐ **Web Manager** Maintains and updates the Preschool's website (no previous web experience is necessary)
- ☐ **Fundraising Coordinator** Plans and organizes fundraising activities
- ☐ **Advertising Coordinator** Arranges advertising as needed

Your assistance is greatly appreciated and not only your child, but all children attending Glenbrook Preschool Society will benefit from your participation as a parent volunteer. Our Preschool's success depends on the help and support of parent volunteers. Every consideration will be made to place you in your desired position.

Parent's name: _____ Phone number: (____) _____

Child's name: _____ Class: _____

Newsletter & Preschool Communication

A paper copy of our newsletter is placed in your child's backpack at the beginning of each month. If you would like to receive a newsletter via email as well, 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

Classes

Class Description	Teacher	Class Letter (please circle one)
3 year old program (T/TH)		
Morning 9:15 – 11:30 am	Brenda Miller	A
4 year old program (M/W/F)		
Morning 9:15 – 11:30 am	Brenda Miller	C
Afternoon 1:00 – 3:15 pm	Brenda Miller	D

Registration Package Checklist

- ☐ Registration forms (7 pages) all fields completed
- ☐ Photocopy of child's Birth Certificate
- ☐ 10 post-dated cheques or made payable to Glenbrook Preschool Society (please see the Fee Schedule available on our website)

If you have any questions regarding the registration process or class availability, please contact our Registrar via phone 403-686-6868 (voicemail only) or email (registrar@glenbrookpreschool.org).

My child hereby applies for registration with the Glenbrook Community Preschool. I understand that my failure to provide complete or accurate information can invalidate this application.

Signature of parent or guardian

How did you learn about Glenbrook Preschool Society?

Please tell us how you discovered Glenbrook Preschool Society

- | | | |
|--|---|---|
| <input type="checkbox"/> Preschool's website | <input type="checkbox"/> Bold Sign | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Personal recommendation | <input type="checkbox"/> Flyer posted in your community | _____ |
| <input type="checkbox"/> Instagram/Facebook | <input type="checkbox"/> Postcard in mail | |