



Registration Form 2025-2026

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

Contact Information

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

Date of Birth _____ Verified by: _____
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)

Parent 1: _____
First Name Surname

Email Address: _____

Home Address (if different from child's address):

Street City Province Postal Code

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

Parent 2: _____
First Name 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 *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 No

Authorization to Administer Medication

I, _____, hereby authorize and instruct Glenbrook Preschool Society to administer
(print name of parent/guardian)

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

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

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

I understand the medication must be in the original container and properly labelled with the student’s name, 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 first to 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 needing immediate professional medical care by 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. 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)

PARENT/GUARDIAN DECLARATION UNDER THE EDUCATION ACT OF ALBERTA

The [Education Act](#) sets legal parameters for governing students' education in the Alberta province.

“Section 7(1) of the *Education Act* states that every person who:

- (a) is a resident of Alberta and has a parent who is a resident of Canada
- (b) at September 1 in a year is 6 years of age or older, and
- (c) subject to subsection (2), is younger than 16 years of age

shall attend school.”

Is your child registered to attend a school under the *Education Act* the same school year they are registered to be attending preschool?

YES.

If so, when is your child registered to attend school? _____

What school is your child registered in? _____

NO

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

I understand that Glenbrook Preschool must comply with the rules and regulations set forth under the Education Act, which may or may not interfere with my child's registration into the Glenbrook Preschool program.

Date (day/month/year)

Signature of parent or guardian

Classes

Class Description	Teacher	Class Letter (please circle one)
3-year-old program. <i>The child must turn three on or before December 31, 2025.</i>		
Morning (Tu/Th) 9:15 – 11:30 am	Brenda Miller	A
4-year-old program. <i>The child must turn four on or before December 31, 2025.</i>		
Morning (M/W/F) 9:15 – 11:30 am	Brenda Miller	C
Afternoon (M/W/Th) 1:00 – 3:15 pm	Brenda Miller	D
4/5 -year-old program. <i>The child can turn five on or before March 31, 2026.</i>		
Afternoon (Tu/Th) 1:00 – 3:15 pm	Brenda Miller	E

Registration Package Checklist

- Registration forms (8 pages) all fields completed;
- Photocopy of child’s Birth Certificate; and
- Monthly Tuition Payments:
 - 10 post-dated cheques starting September 1st to May 1st (9 months), made payable to Glenbrook Preschool Society. Please see the [Fee Schedule](#) available on our website; OR,
 - Credit Card Auto-Payments (please see the [Fee Schedule](#) available on our website); or,
 - NEW! Pre-Authorized Debits (PADs).** Please see the 2025-2026 [Fee Schedule](#) available on our website.

If you have any questions regarding the registration process or class availability, please contact our Registrar at 403-686-6868 (voicemail only) or email (registrar@glenbrookpreschool.org). More info about payment schedule and payment option details can be found in our [Policies & Procedures](#) on page 6.

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

Key Preschool Tuition Fee Schedule & Payment Policies

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

Initial	Summary of Key Payment Policies
_____	To secure your child’s spot and enrollment, you must pay a month’s tuition fee (applied towards September tuition) and the one-time registration fee by Cheque or Credit Card within seven (7) days of your child's registration.
_____	If paying monthly tuition fees by Cheque, they must be dated the 1st of each month the child starts the program and must include all remaining months in the current preschool year to the following May 1 st . **Separate from your initial registration tuition payment, cheques must be dated Starting September 1, October 1, November 1, December 1, January 1, February 1, March 1, April 1 and May 1. Tuition is paid one month in advance.**

_____ **If paying monthly tuition fees with a Credit Card or Pre-Authorized Debits**, you are accepting the additional standard service fees applied to each payment charge as long as your child is enrolled to attend our preschool.

_____ All credit card and pre-authorized debit payments the child is enrolled in are charged on the 1st of each month and set up as auto-payments. **Separate from your initial registration tuition payment, tuition is paid one month in advance. September 1st paid at time of registration, October 1st paid on September 1st, November 1 paid on October 1st, December 1st paid on November 1st, January 1st paid on December 1st, February 1 paid on January 1st, March 1st paid on February 1st, April 1st paid on and May 1.**

_____ If payment is not received by the first day a child is to start at the Preschool, your child's registration will be considered **'Incomplete,'** and your child's spot at the Preschool may be forfeited following your child's withdrawal from attending Glenbrook Preschool Society.

_____ NSF cheques will be subject to a twenty-five-dollar (\$25.00) penalty fee to cover the bank charges incurred by the preschool.

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

I have reviewed a copy of the Glenbrook Preschool Society [2025/2026 Tuition Fee Schedule](#) for the current school year. I will comply with the policies outlined therein (the [Glenbrook Preschool Society Parent Handbook](#) and the [Glenbrook Preschool Society Policies & Procedures](#) posted on our website).

_____ *Date (day/month/year)*

_____ *Signature of parent or guardian*

Alberta Government Child Care Subsidy

Did you know? Subsidy for children from 0 to kindergarten age (in kindergarten and also attending child care during regular school hours) has been expanded to include families with a gross household income of up to \$180,000.

Will you be applying for Child Care Subsidy?
Yes No

To apply for child care subsidy, please click the AB Child Care Subsidy Application Form link from the [Child care subsidy | Alberta.ca](#) main page. **The 2025/2026 start date is September 3, 2025, but you can apply as early as August 3, 2025.**

Please initial each of the following key points regarding subsidy.

Initial

Key Points for Subsidy

_____ Subsidy does not replace your commitment to paying monthly tuition fees. I understand that I am obligated to continue monthly tuition fee payments, regardless of subsidy approval.

_____ Those who qualify for Subsidy will be reimbursed 'X' amount through a Cheque from Glenbrook Preschool Society.

_____ I understand that the process of receiving my subsidy in the form of a reimbursement is all at the discretion of the Government of Alberta, and the amount of your subsidy is subject to change at any given time.

Please provide the first and last name of one parent or the guardian who the subsidy cheques will be issued to.

Name of Recipient

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

I understand that the Preschool and the Government of Alberta Child Care Subsidy Program are separate entities and that the preschool has no control over the application or approval process. I have reviewed the key points outlining Subsidy above and understand each statement to the best of my ability.

Date (day/month/year)

Signature of parent or guardian

Key Preschool Policies & Procedures

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 & Social Media Coordinator** Arranges advertising and handles social media accounts as needed

Your assistance is greatly appreciated. Your participation as a parent volunteer will benefit not only your child but all children attending Glenbrook Preschool Society. 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 want to receive a newsletter via email, please provide your current email address.

E-mail: _____
Please print

E-mail: _____
Please print

Would you like to receive preschool communication (school news, class updates, newsletters, etc.) via email?
Yes No

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/Curbex | <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 | |