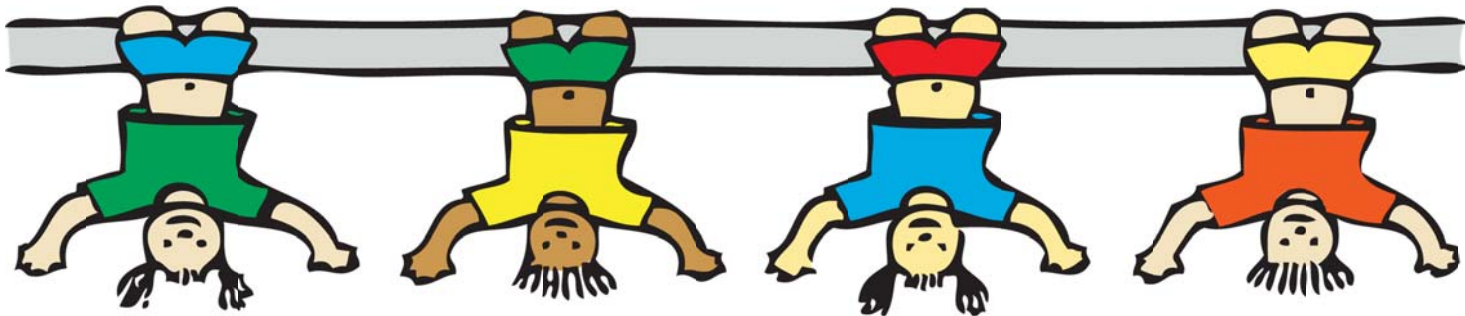


# Glenbrook Community Preschool Registration Form 2017 - 2018



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: \_\_\_\_\_ Email Address: \_\_\_\_\_  
First Surname

Home Address: \_\_\_\_\_  
(if different from child's address) Street City Province Postal Code

Home Phone: (\_\_\_\_) \_\_\_\_\_ Business Phone: (\_\_\_\_) \_\_\_\_\_ Other : (\_\_\_\_) \_\_\_\_\_

Father's Name: \_\_\_\_\_ Email Address: \_\_\_\_\_  
First Surname

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 or No  
*circle one*

**Authorization to Administer Medication**

I, \_\_\_\_\_, hereby authorize and instruct Glenbrook Community Preschool 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 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 Community Preschool 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 Community Preschool 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 Community Preschool 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 Community Preschool, 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 Community Preschool Parent Handbook*, and will comply with the policies outlined therein (the *Glenbrook Community Preschool Parent 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 Community Preschool 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 Community Preschool 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:

- Chairperson or Vice-Chair** 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
- Community Liaison** Shares information between the Preschool and Glenbrook Community Association
- Advertising Coordinator** Arranges advertising as needed

Your assistance is greatly appreciated and not only your child, but all children attending Glenbrook Community Preschool 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 craft cubby at the beginning of each month. If you would like to receive a newsletter via email, 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)
<b>3 year old program (T/TH)</b>		
Morning 9:15 – 11:30 am	Brenda Miller	A
Afternoon 1:00 – 3:15 pm	Brenda Miller	B
<b>4 year old program (M/W/F)</b>		
Morning 9:15 – 11:30 am	Liz Fozzard	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
- Registration deposit and 9 post-dated cheques or money orders made payable to Glenbrook Community Preschool (please see the Fee Schedule available on the Preschool's 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 Community Preschool?

Please tell us how you discovered Glenbrook Community Preschool

- Preschool's website
- Calgary's Child
- Calgary Herald's Neighbours
- Bold Sign
- Flyer posted in your community
- Personal recommendation
- Other (please specify) \_\_\_\_\_

**Application for Glenbrook Community Association Family Membership**

Name: \_\_\_\_\_ Child's Name: \_\_\_\_\_ Class: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

I hereby consent to and authorize the release of the information contained herein to the Glenbrook Community Association.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_