

Learn and Play Preschool Academy

Enrollment Package



2018-2019



Learn and Play Preschool Enrollment Checklist

Child's Name: First _____ Last _____

Please indicate if your child is a sibling of an alumni: Yes / No _____

Classes Requested - Please number in order of preference. If enrolling in multiple classes please number each class #1.

Monday, Wednesday, Friday AM Classes 9:00am – 11:30am \$245 / month

Monday, Wednesday PM Classes 12:30pm – 3:00pm \$195 / month

Tuesday, Thursday AM Classes 9:00am – 11:30am \$195 / month

Tuesday, Thursday PM Classes 12:30pm – 3:00pm \$195 / month

Submitted

Preschool Enrollment Package

Registration Fee \$100 & 1 month tuition – non-refundable

- New families: 1 month tuition dated for time of enrollment
- Current families: 1 month tuition dated for the 1st of June or July 2018

Once acceptance is confirmed, please submit post-dated cheques or a completed PAD Form for Tuition for the school year September 2018 - May 2019

Communication Sent electronically: Email address





How did you hear about us? _____



Learn and Play Preschool Enrollment Record

Personal Information

Child's Name: <i>First</i>		<i>Last</i>	
Date of Birth:		AH #: <i>Optional</i>	
Home Address & Postal Code:			
Parent / Guardian:		Relationship to Child:	
Home Address (If different from child):			
Home Phone #:		Cellular Phone #:	
Parent / Guardian:		Relationship to Child:	
Home Address (if different from child):			
Home Phone #:		Cellular Phone #:	

Additional Emergency Contacts *Able to pick up child if parent/guardian can not be reached*

Emergency Contact:		Relationship to Child:	
Home Phone #:		Cellular Phone #:	
Home Address:			
Emergency Contact:		Relationship to Child:	
Home Phone #:		Cellular Phone #:	
Home Address:			

Health & Wellness

Allergies / Food Restrictions:	
Allergic Reactions - Symptoms / Signs of Distress:	
Emergency Medication:	
Instructions for Use Provided: Yes No	Medication Form Completed: Yes No
Immunizations up to date: Yes No If No, please read and sign waiver. Immunization Waiver: I am aware of the inherent risks of not having my child immunized. I agree to voluntarily remove my child from the Preschool in the event of an outbreak of any infectious disease, which is currently covered by the Alberta Health Services Immunization Program. The return date will be established after consultation with the Alberta Health Services. Signature _____	

All About Your Child

Is this your child's first year of Preschool? Yes No	
Siblings:	Language(s) Spoken at Home:
What activities does your child enjoy?	
What are your expectations or hopes for your child at our Preschool?	
Is there anything regarding your family, extended family or child that you would like to share with us?	

Parent Consent Form

Please initial beside each statement to confirm you have read and agree to be bound by each service condition.

Initials	Service Agreement Conditions
	I hereby certify that the Child is in my lawful custody and that there is no other person whose consent is required for my Child's enrollment into the Preschool.
	I have read and reviewed the Family Handbook, including the Guidance & Discipline Policy, and I am satisfied that I have been informed about the Preschool's activities and practices.
	I agree to inform the Preschool immediately of any changes to my or my Child's personal information including medical status, emergency contacts, and those persons with authorized access to my Child. This information is used in emergency situations and when it is used time is of significant consideration. The Preschool strongly emphasizes the need for this information to be kept up to date.
	I give permission for my Child to participate in offsite walks and outdoor play in the fenced play space, planned and supervised by the Preschool.
	I hereby give permission for my Child's photo to be displayed in the Preschool, will not be posted online.
	I understand that therapists from Kin-Dir Education and Early Learning & Child Care students from Bow Valley College spend time in the classroom under the supervision and direction of the Preschool. Neither party will have unsupervised access to my child.
	I hereby give permission for my Child's artwork to be displayed on our website/Facebook.
	I understand that the Preschool will respond appropriately to situations when the parent(s) appear unable to provide safe care i.e. intoxicated or lack of car seats. The staff acts in the best interest of the Child at all times, and exercises good judgment in determining the best course of action.
	Emergency situations when ambulance is called: With my permission, the Preschool may secure such medical advice and services as it may deem necessary for my Child's health and safety. I shall be financially responsible for such advice and services.
	I understand that when staff deem it necessary, they are permitted to provide or allow for the provision of health care. The health care provided is in the nature of first aid.
	I understand that relevant information (i.e. your Child's name and attendance record) is released to Government agencies as considered necessary or advisable by the Preschool. Your Child's full name may appear on common classroom lists.
	I understand that the Preschool is NUT AWARE and will ensure that nut and nut products are not sent in my child's snacks regardless of their allergies / non-allergies.
	I have read and understood my commitment to volunteering in the classroom, and will meet those expectations and needs of the Preschool.
	I have read and fully understand the rules governing fee payment and I am aware that my Child's enrollment in the Preschool may be cancelled without notice if I fail to abide by those provisions.
	I am aware that the Preschool, at its sole discretion, may terminate this contract when it is in the best interest of my Child and/or the Preschool.

SIGNATURE OF PARENT/ GUARDIAN

DATE

Volunteer Contract:

Confirmation of Reading, Compliance and Participation

I have read and understand the Family Handbook, including:

- Guidance and Discipline Policy
- Emergency Evacuation Procedures
- Family Volunteers

I will follow the procedures and policies of Learn and Play Preschool. I understand that at no time I may have unsupervised care of the children. I will be an active support and participant in the classroom and/or during Emergency Evacuations and other emergencies.

SIGNATURE OF PARENT/ GUARDIAN

DATE

Confidentiality Policy

I will not disclose information of the personal or business affairs of program, staff, parents or children with other programs or individuals. I will respect the privacy and confidentiality of the staff, families and children at Learn and Play Preschool.

I understand that this confidentiality may be waived in specific circumstances:

- suspected child abuse and neglect reporting
- unresolved concerns regarding Preschool and subsequent complaints to Calgary and Area Child and Family Services: Child Care Licensing

SIGNATURE OF PARENT/ GUARDIAN

DATE

Learn and Play Preschool Portable Record

Child's Name: <i>First</i>		<i>Last</i>	
Date of Birth:		AH #: <i>Optional</i>	
Home Address:			
Parent / Guardian:		Relationship to Child:	
Home Address:			
Home Phone #:		Cellular Phone #:	
Parent / Guardian:		Relationship to Child:	
Home Address:			
Home Phone #:		Cellular Phone #:	
Emergency Contact:		Relationship to Child:	
Home Phone #:		Cellular Phone #:	
Home Address:			
Emergency Contact:		Relationship to Child:	
Home Phone #:		Cellular Phone #:	
Home Address:			
Allergies / Food Restrictions:			
Emergency Medication:		Immunizations Up-to-Date: Yes No	

Local Emergency Response Service: 9-1-1

Poison Control Centre: 1-800-332-1414