

Child's Information

Full Name: _____ Date of Birth: _____
Last First Middle Initial. (DD/MM/YYYY)

Address: _____
Street Address Apartment/Unit #

City Province Postal Code

Alberta Health Care Number: _____

Doctor's Name: _____ Doctor's Phone: _____

Does your child have any medical conditions (e.g., asthma, epilepsy)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Does your child take regularly prescribed medication (e.g., Ventolin)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Does your child have any allergies?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Does your child have any emergency medication (e.g., EpiPen)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If yes, please describe: _____

Are your child's immunization records up to date? YES NO

Parent Information

Parent/Guardian's Name: _____

Primary Phone: _____ Alternate Phone: _____

Address: _____
(If different from child's)

Parent/Guardian's Name: _____

Primary Phone: _____ Alternate Phone: _____

Address: _____
(If different from child's)

Are there any custody arrangements/restrictions we should be aware of?: YES NO

If yes, please describe: _____

Emergency Contact

You **MUST** list one **LOCAL** person (within 1 hour drive of child) who may be contacted in case of an emergency when a Parent/Guardian **cannot** be reached.

Full Name: _____ Phone: _____
Address: _____ Postal Code: _____

Authorized Pick-Up Persons

*Parents must list on the form the names of all persons (**other than parents**), who are permitted to pick-up their child. We require parents to notify the Preschool staff if someone else will be picking up their child. In a rare emergency situation, arrangements can be made verbally. If the person picking up the child is not known to the teacher, information must be provided, including their name and phone number. This person will be required to show picture ID upon first pick-up.*

Full Name: _____

Relationship: _____ Phone: _____

Full Name: _____

Relationship: _____ Phone: _____

Full Name: _____

Relationship: _____ Phone: _____

Correspondence

All preschool newsletters, reminders, and important correspondence will be sent via email. Your email will only be used for Preschool use and will not be distributed outside of the Preschool.

Primary Email: _____

Secondary Email: _____

In rare instances (such as closure due to severe weather conditions) it may be necessary to also send out a text message to ensure everyone has been notified. Please provide at least **ONE mobile** phone number for these emergency messages to be sent.

Phone: _____

Partnership with Step by Step Early Intervention Society

PuddleDucks Preschool Inc. is proud to share a partnership with Step by Step Early Intervention Society, who will be offering a free developmental assessment **screening** to our families. We encourage families that may have concerns about their child's development (e.g., language, behavior, fine motor, gross motor, self-regulation, anxiety, self-care, etc.) to provide consent for the screen which will assist a certified Speech-Language Pathologist and certified teacher determine if further assessment is necessary. Should further testing be required and it is determined that your child is in need of additional supports, funding through Alberta Education may be available to provide these supports within the classroom and at home.

Step by Step is a non-profit society formed to support, educate, and empower parents of children with developmental delays by creating a service model tailored specifically to the needs of their family.

More information available at <http://stepbystepeip.ca>

Tuition and Fee Schedule

PuddleDucks Preschool Inc. classes are available as follows:

Program	Days	Times	Fees
2 Day Preschool Prep <i>(30 mos. – 3 years)</i>	Monday/Wednesday OR Tuesday/Thursday	10:00 am - 12:00 pm OR 12:30-2:30 pm	\$200
4 Day Preschool Prep <i>(30 mos. – 3 years)</i>	Monday through Thursday	10:00 am - 12:00 pm 12:30-2:30 pm	\$400
2 Days <i>(3-year-olds)</i>	Tuesday/Thursday	8:30-11:30 am	\$225
3 Days <i>(4-year-olds)</i>	Monday/Wednesday/Friday	8:30-11:30 am	\$325
4 Days <i>(3-and-4-year-old mixed group)</i>	Monday through Thursday	12:30-3:30 pm	\$400
5 Days <i>(4-year-olds)</i>	Monday through Friday	8:30-11:30 am	\$500

Fees listed are PER MONTH based on an average of 20 instructional days.

Please indicate which program you would like to enroll your child:

Enrollment Agreement

1. There is a non-refundable administrative fee of \$100 due upon submission of the registration forms.
2. Our budget is based on the number of children enrolled and tuition paid. The school expenses do not change if a child is absent, therefore there are no tuition reductions for vacations, illnesses, etc.
3. The centre will be closed for all statutory holidays, spring break, Teachers' Convention, and for Christmas break. There will also be ONE scheduled organizational/non-instructional day each month. Dates of closures to be provided in advance via the Preschool newsletter and/or calendar.
4. To withdraw a child from the program at any time, parents must give written notice one FULL month prior to the 1st of the month you wish to withdraw. For example, to withdraw on November 19th, notice must be received on or before October 1. Failure to give timely notice will result in forfeit of the monthly tuition fee.
5. Tuition may be paid in the form of 10 post-dated cheques, marked for the 1st of each month (September through June). Please ensure cheques are marked payable to PuddleDucks Preschool Inc. Other accepted methods of payment are Email Money Transfer or cash – payments MUST be received by the 5th of each month.

I hereby acknowledge that I have read, understand, and accept the terms of the Enrollment Agreement and wish to continue registering my child at PuddleDucks Preschool Inc.

Signature: _____ Date: _____

Discipline Policy

At PuddleDucks Preschool Inc., we strive to provide a positive approach to discipline. We guide children toward acceptable positive behavior and encourage children to problem solve together by setting up clear, simple expectations and emphasizing the importance of using our words. Preschool staff will maintain calm and gain the child's attention by saying his/her name, bending down to establish eye contact, and speaking in a calm and controlled voice. We take the time to talk and listen to help resolve the situation. We acknowledge the child's feelings and try and focus on the behavior being unacceptable not the child or his/her character. Finally, we will reassure the child(ren) as they re-enter the activity and observe to ensure the problem has been fully resolved.

Sometimes behavior may escalate and children need time to calm down and regain control. The child may be re-directed to another activity or leave the room or play area with a staff member in order to have the opportunity to successfully become calm. This is considered a break, NOT a punishment, confinement, or isolation. In the event there is an identifiable pattern of behavior of concern, parents will be notified and we will work together to find a mutually acceptable way of addressing the issue and helping the child grow; this may mean requesting assistance from Step by Step Early Intervention Society (e.g., Psychologist or Behavioral Interventionist if Speech-Language Pathologist and Occupational Therapist services have already been involved).

Physical punishment is strictly prohibited. Under no circumstance will there be any physical or verbal abuse, emotional deprivation, physical degradation, physical restraint, confinement, or isolation. At no time will we deny or threaten to deny any basic necessity.

I hereby acknowledge that I have read, understand, and accept the discipline policy in place at PuddleDucks Preschool Inc.

Signature: _____ Date: _____

Medical and Emergency Consent

In accordance with Alberta Child Care Licensing practices and in compliance with the Occupational Health and Safety Act, all PuddleDucks Preschool Inc. staff must be First Aid certified. Except in emergency situations and with written parental consent, Preschool staff are not permitted to administer medication. If your child requires emergency medication (e.g., EpiPen), it is required to remain on-site in the designated First Aid Kit with the appropriate documentation.

In case of emergency, all attempts will be made to contact the parents or the emergency contact person.

I hereby authorize PuddleDucks Preschool Inc. staff to administer first aid to my child should the need arise. I grant permission for my child to receive emergency medical services if needed and/or to be transported by vehicle or ambulance to the hospital in the event of serious injury or emergency. I will not hold liable PuddleDucks Preschool Inc., its director, teachers, staff, or parent volunteers.

I understand that PuddleDucks Preschool Inc. will **NOT** administer any medication to my child except as directed in emergency situations. I understand that should emergency medical services be required, costs incurred will be my responsibility as the parent.

Signature: _____ Date: _____

Media Consent

We at PuddleDucks Preschool Inc. would like to share all the fun we have at preschool! Arts and crafts may be posted within the classrooms; photos and videos may on occasion be taken and posted on the walls of the preschool, in our newsletter, and/or on our Preschool Facebook Page.

Under no circumstances will we publish the pictures and/or names of children outside of the classroom without permission.

I grant the staff at PuddleDucks Preschool Inc. permission to take photos and videos of my child: YES NO

I grant the staff at PuddleDucks Preschool Inc. permission to post my child's work within the classroom, and my child's photo in preschool-related and preschool-specific media (e.g., on the walls, in the newsletter, for crafts): YES NO

I grant the staff at PuddleDucks Preschool Inc. permission to publish my child's photo (no visible face) on the PuddleDucks Preschool Inc. Facebook Page: YES NO

I grant the staff at PuddleDucks Preschool permission to publish my child's photo (visible face) on the PuddleDucks Preschool Inc. Facebook Page: YES NO

Signature: _____ Date: _____

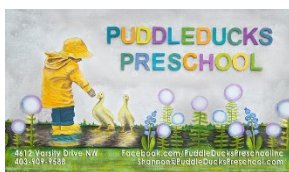
Off-Site Consent

Come the springtime, PuddleDucks Preschool Inc. will occasionally make use of the nicer weather to take a walk around the community and/or go to the playground. Parents will be notified in advance (typically the morning of) if these activities will take place. For all of these off-premises activities, the mode of transportation used will be walking **only**, and will never be farther than 3 blocks away. Any other special excursions that would be farther away than 3 blocks from the premises will require a separate consent form to be filled out and signed prior to the planned excursion.

By signing I acknowledge that I understand that there are risks associated with the aforementioned activities. If any accident or personal injury to my child occurs, I hereby release and discharge PuddleDucks Preschool Inc. or any of its directors, teachers, staff, or parent volunteers of any claims, actions, and causes of action arising from any accident or loss caused by the participation of my child during any activity held at this location or during any off-premises outing or at any location where the program is held, or on route to/from any activity.

I hereby grant permission for my child to leave the school premises (4612 Varsity Drive NW) under the supervision of PuddleDucks Preschool Inc. staff for nature walks, outings to community playgrounds, outings to local community businesses, road safety awareness activities and the like. I understand that my child will be supervised at all times.

Signature: _____ Date: _____



Portable Record Form

Alberta Child Care Licensing requires this separate form to be filled out completely. n This is the record we take with us when we leave the preschool for nature walks, outings to local businesses, and in case of an emergency evacuation.

Child's Information

Full Name: _____ Date of Birth: _____
Last First Middle Initial. (DD/MM/YYYY)

Address: _____
Street Address Apartment/Unit #

City Province Postal Code

Alberta Health
Care Number: _____

Allergies, Medications,
Health Concerns: _____

Are your child's immunization records up to date? YES NO

Parent Information

Parent/Guardian's
Name: _____

Primary Phone: _____ Alternate Phone: _____

Address: _____
(If different from child's)

Parent/Guardian's
Name: _____

Primary Phone: _____ Alternate Phone: _____

Address: _____
(If different from child's)

Emergency Contact

Full Name: _____ Phone: _____

Address: _____ Postal Code: _____