Print Form

**PARKLAND PRESCHOOL – REGISTRATION FORM 2022/23**

# Fees

### Registration fee

Two days per week Three days per week

*Please select your desired option.*

Preschool

### 45.00

105.00

145.00

Junior K

### 45.00

145.00

210.00

monthly monthly

# Schedule

3 year old class (First)

3 year old class (Second) 4 year old class

Junior Kindergarten

*Please select your desired option.*

9:00 - 11:30 AM

12:00 - 2:30 PM

9:00 - 11:30 AM

12:15 - 2:45 PM

(Tue/ Thu) (Tue/ Thu) (Mon/ Wed/ Fri) (Mon/ Wed/ Fri)

# Child’s Information:

Name: Birthdate:

Address (Home): **Postal Code:**

Gender: Boy Girl

Alta Health Care# Allergies/ Dietary Requirements

# Parent/ Guardian Information

Main Contact E-mail

### Mother:

Phone: H W C Address (Home):

### Father:

Phone: H W C Address (Home):

**Other**

**Caregiver**: Phone:

Address:

505 Parkvalley Road S.E. Calgary, AB T2J 6M4 Tel.: (403) 225-0083

# Emergency Contact

*(****Must be someone other than parents - in the event parents cannot be reached)***

Name:

Phone: (Home) (Cell)

Address (Home):

Relationship:

# Discipline Policy:

No corporal punishment will be administered by the staff of Parkland Preschool. In the event of a discipline problem, the child will be moved to a quiet area until he/she is settled. If a problem persists despite teacher intervention and communication with the parents/guardian, the school reserves the right to cancel the child’s enrolment. I accept this method of discipline for my child.

Parent/ Guardian signature: Date:

# Safety Authorizations:

In the case of a serious accident or illness, I authorize the staff of Parkland Preschool to administer and/or seek medical attention for my child. Parkland Preschool staff will notify parent/guardian as soon as possible. The parents/ guardian are responsible for any costs incurred.

Parent/ Guardian signature: Date:

## We occasionally go outdoors during good weather for physical activity.

Parent/ Guardian signature: Date:

## Persons authorized to pick up child from school:

Name:

Name:

# Immunizations:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Are your child’s immunization shots up to date? | Yes… |  |  | No… |  |
| Has your child had chicken pox? | Yes… |  |  | No… |  |

***Medical Information:***

Doctor or Walk-in Clinic:

Phone:

|  |  |  |
| --- | --- | --- |
| Does your child have any special medical conditions of which we should be aware of? | Yes… | No… |
| If yes, please explain: |  |  |
|  |  |  |
|  |  |  |
| Will your child be on any medications while at school? | Yes… | No… |

# Sick Policy:

Parkland Preschool follows the Child Care Licensing Regulations concerning communicable diseases in order to protect the health and safety of all children and staff members. A child, who may be suffering from a disease in Schedule 1 of the Communicable Disease Regulations or exhibits any of the following symptoms within the past 24 hours, will not be permitted to attend preschool:

* Diarrhea
* Fever
* Vomiting
* New or unexplained rash or cough
* A child requiring greater care and attention than can be provided without compromising the care of the other children in the program

Children should be symptom free and/or on medication for 24 hours before returning to school or until the license holder is satisfied that the child no longer poses a health risk to persons on the program premises. The above does not apply if the child's parent provides written notice from a physician indicating the child does not pose a health risk to persons on the program premises. If a child becomes ill while at preschool, or where a staff member knows or has reason to believe that a child is exhibiting signs or symptoms of illness, the child will be separated from the class and made comfortable with a pillow and blanket where appropriate. The parents/guardian will be notified and expected to pick up the child as soon as possible. If the parents/guardians cannot be reached the emergency contact will be notified and expected to pick up the child as soon as possible. A primary staff member will directly supervise the sick child until removed from the program.

Please notify the preschool if your child develops any communicable diseases

*(please ask us for us for a listing of communicable diseases)*

Parent/ Guardian signature: Date: