

ACADEMIC DISCOVERY SUMMER DAY CAMP REGISTRATION FORM - 2025

Child's Full Name:				
	First	Middle	Last	

ACADEMIC DISCOVERY SUMMER CAMP:

Academic Discovery Summer Camp is designed for children 3 to 5 years of age.

**Everyday is a different theme:

Monday: A <u>Camping</u> we will go! Tuesday: Let's explore the <u>Ocean!</u>

Wednesday: Science day! What experiment will we do today?

Thursday: What can we discover in *Outer Space*?

Friday: Where *Princess* and *Pirates* go searching for dragons and buried treasures!

PLEASE COMPLETE THE FORM AND MICHECK OFF THE CLASSES THAT YOU WOULD LIKE TO REGISTER YOUR CHILD.

****	July 2 – July 4, 2025	S	M	Т	W	т	F	S	9:30 AM - 12:00 PM	\$100
	July 2 – July 4, 2025	S	M	Т	w	т	F	S	(L) 1:00 PM - 3:30 PM	\$100
	July 7 – July 11, 2025	S	M	Т	W	т	F	S	9:30 AM - 12:00 PM	\$140
	July 7 – July 11, 2025	S	M	Т	W	Т	F	S	(L) 1:00 PM - 3:30 PM	\$140
	July 14 – July 18, 2025	S	M	т	W	Т	F	S	(L) 9:30 AM - 12:00 PM	\$140
	July 14 – July 18, 2025	S	M	т	W	Т	F	S	(L) 1:00 PM - 3:30 PM	\$140
	July 21 – July 25, 2025	S	M	Т	W	Т	F	S	(L) 9:30 AM - 12:00 PM	\$140
	July 21 – July 25, 2025	S	M	т	W	Т	F	S	(L) 1:00 PM - 3:30 PM	\$140
••••	July 28 – Aug 1, 2025	S	M	т	W	т	F	S	(L) 9:30 AM - 12:00 PM	\$140
••••	July 28 – Aug 1, 2025	S	M	Т	W	Т	F	S	(L) 1:00 PM - 3:30 PM	\$140

^{*}Please note that the Alberta Government's Affordability Grant does not apply to Summer Camp fees.

Summer Camp Registration:

Please have the printed form fully completed and submitted online or in-person (In-person available only on Saturday, March 15th, 2025 from 10:00am – 2:00pm or email it to: <u>info@preschool101.net</u> or call 587-353-8101 to book for your appointment after this date) along with eTransfer payment or by cheque or cash.

Full payment is required when you submit your Summer Camp registration.

E-Transfer Instructions:

- (i) Send the *e-Transfer* to: < <u>paymentpreschool101@gmail.com</u> >
- (ii) In the "Message Line", please enter your "Child's Name"



STUDENT INFORMATION (Please Print C	learly)								
Child's Full Name:			Date of Birth:			☐ Male Female			
First	Middle	Last			(M/D/Y)				
Child's Home Address:	har/Stroot		City/Province			Postal Code			
Number/Street			City/F10vilice						
Home Phone:	E-mail:			Language	e(s) spoken at hor	ne:			
Siblings - Name(s) and Age(s):									
Will your child be coming with an aide f	rom an agen	cy? If so, what is the	name of the age	ncv?					
				,					
Is there any information that the preschool should know which would help the teacher work effectively with your child?									
Are parents living together? Yes □ No	o □ If no,	who has custody of	child during pres	chool hou	rs?				
PARENT INFORMATION		Mother (or Legal	Guardian)		Father (or Legal Guardian)			
Name (First Name, Last Name)									
Address									
(Street, City, Province, Postal Code) Email									
Home Phone									
Cell Phone									
Work Phone									
Occupation (optional) (for field trip or volunteer purposes)									
Full Legal Name of Payer of Fees (For Tax Receipt)									
AUTHORIZED PERSON(S) INFORMATIO	N (CANNOT)	RF narents/auardiar	nc)						
* To whom your child may be released			13)						
1. Name:			Home Phone:						
Relationship:	Relationship:			Cell Phone:					
2. Name:			Home Phone:						
Relationship:			Cell Phone:						
EMERGENCY CONTACT INFORMATION	(CANNOT BE	Parents and Guard	ians)						
Name:		Relationship to Ch	ild:	Ph	:	Cell:			
Address:			au /a .						
Number/St	reet		City/Province		ŀ	Postal Code			
Alberta Health Care Number: (Mandatory)									
ALLERGIES & VACCINATION INFORMAT	•	⊠ one) □ Immunization re	cords not availab	le					
Allergies (if applicable):									
Medication or Action Taken (i.e. Benada	l <mark>ryl, Epipen, e</mark>	etc.):							
RELEASE OF LIABILITY: I hereby consent to <i>Preschool 101 Inc.</i> to have care and custody of my child during the times registered, and hereby recognizes and acknowledges that <i>Preschool 101 Inc.</i> will not be responsible for personal injury or loss. I give permission for the staff at <i>Preschool 101 Inc.</i> to administer first aid to my child if there is a minor injury. In the event that the injury of my child requires further medical attention and I cannot be located, I hereby consent to <i>Preschool 101 Inc.</i> calling an ambulance if deemed necessary. It is my responsibility for any costs incurred.									
Parent/Guardian Signature: Date:									



GUIDANCE POLICY:

At *Preschool 101*, we recognize that children are always learning and growing to develop as an individual with distinct character at different ages. It is our responsibility as Teachers and Parents to establish guidelines to foster good behaviour by communicating with the children so they can learn to respect themselves, their peers, the authorities and environment around them.

At *Preschool 101* we teach, create, promote and model positive behaviour for our preschoolers. However, should any behavioural expectations need to be addressed; the following techniques will be used:

- Redirection to a choice of another activity (if applicable);
- Recognizing and rewarding positive behaviour;
- Discussion with child if they show inappropriate or disrespectful behaviour;
- Temporary removal from the group, inside the classroom, for some "thinking time" (1 minute per age of child);
- Teacher and Parent will meet to discuss strategy for further steps to be taken if the child continues to misbehave in class. If required, the Principal Educator may be requested to take part in the meeting.

The following techniques are **PROHIBITED** at *Preschool 101*:

- Children will not be disciplined in a punitive manner;
- Physical punishment;
- Withholding food;
- Emotional deprivation; and
- Isolation.

* Important: I understand that my c	hild must be toilet	trained before	attending	g preschool Summer Camp.	(Initial)
CANCELLATION & PAYMENT POLICY	· -				
To cancel your registration, a 1 Mon	th written notice is	required. The	ere will be	an NSF fee of \$25.00 for each che	eque returned.
Please make cheques payable to: Pl	reschool 101]	<mark>Inc.</mark>			
Parent/Guardian Signature				Date	
FOR OFFICIAL USE ONLY:					
Start date:	Receipt No:		Notes:		
Start date.	Receipt No.		Notes.	<u> </u>	
☐ All Fees submitted are to be subseted.	omitted by: Post-da	ated cheques, 6	erranster	or Casn.	
A. eTransfer Instruction: • Please contact Preschool 10	01 for instructions.				
B. Cheque and Post-dated Cheques Please make your cheques		ool 101 Inc.			
C. Cash: • We accept Cash (please bring)	ng exact amount fo	or payment as v	we do not	keep cash onsite for change).	
Note: Registration is considered cor	npleted and a spot	t is guaranteed	d only if A	LL of the above are submitted.	



Student Media Release Consent Form

I give permission for my child's image and student work to be published on the Preschool 101 Inc. website and/or Facebook page. I am aware that my child's name will be kept confidential and will not be shown on any of these images or their student work. PLEASE CHECK ONE: Please mark this box if you AGREE that your child's image and student work may be published.						
☐ Please mark this box if you DO NOT WISH your child's image and student work may be published.						
	a Release Consent Form and I fully understand the contents and meaning of this release. I ontact the Principal Educator with any questions regarding this release.					
Student's Name						
Program						
Parent's/Guardian's Name						
Parent's/Guardian's Signature						
Date						
Preschool 101 Inc. Policies and Procedures Acknowledgement I,, acknowledge that I have read the Preschool 101 Inc. Parent Handbook (found in the preschool website: < https://preschool101.net >, under "PARENTS INFORMATION: Preschool 101 - Parent Handbook (pdf)" and I understand its Policies and Procedures.						
Parent's/Guardian's Signature:						
Date:						