

## ACADEMIC DISCOVERY SUMMER DAY CAMP REGISTRATION FORM – 2026

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: (New and exciting lessons and crafts each week to keep them interested!)**

Monday: A Camping we will go!

Tuesday: Let's explore the Ocean!

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  CHECK OFF THE CLASSES THAT YOU WOULD LIKE TO REGISTER YOUR CHILD.**

<input type="checkbox"/>		July 6 – July 10, 2026	<input checked="" type="checkbox"/>	S	M	T	W	T	F	S		9:30 AM - 12:00 PM		\$160
<input type="checkbox"/>		July 13 – July 17, 2026	<input checked="" type="checkbox"/>	S	M	T	W	T	F	S		9:30 AM - 12:00 PM		\$160
<input type="checkbox"/>		July 20 – July 24, 2026	<input checked="" type="checkbox"/>	S	M	T	W	T	F	S		9:30 AM - 12:00 PM		\$160
<input type="checkbox"/>		July 27 – July 31, 2026	<input checked="" type="checkbox"/>	S	M	T	W	T	F	S		9:30 AM - 12:00 PM		\$160

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

### Summer Camp Registration:

Please fully complete and submit completed form online or in-person (call 587-353-8101 to make an appointment) or email it to: [info@preschool101.net](mailto:info@preschool101.net) 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: < [paymentpreschool101@gmail.com](mailto:paymentpreschool101@gmail.com) >
- (ii) In the "Message Line", please enter your "Child's Name"



**STUDENT INFORMATION** (Please Print Clearly)

Child's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Male  Female  
First Middle Last (M/D/Y)

Child's Home Address: \_\_\_\_\_  
Number/Street City/Province Postal Code

Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Language(s) spoken at home: \_\_\_\_\_

Siblings - Name(s) and Age(s): \_\_\_\_\_

Will your child be coming with an aide from an agency? If so, what is the name of the agency?  
 \_\_\_\_\_

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  If no, who has custody of child during preschool hours? \_\_\_\_\_

**PARENT INFORMATION**

**Mother (or Legal Guardian)**

**Father (or Legal Guardian)**

<b>Name</b> (First Name, Last Name)		
<b>Address</b> (Street, City, Province, Postal Code)		
<b>Email</b>		
<b>Home Phone</b>		
<b>Cell Phone</b>		
<b>Work Phone</b>		
<b>Occupation (optional)</b> (for field trip or volunteer purposes)		
<b>Full Legal Name of Payer of Fees</b> (For Tax Receipt)		

**AUTHORIZED PERSON(S) INFORMATION (CANNOT BE parents/guardians)**

\* To whom your child may be released if parent(s) cannot be contacted

1. Name:	Home Phone:
Relationship:	Cell Phone:
2. Name:	Home Phone:
Relationship:	Cell Phone:

**EMERGENCY CONTACT INFORMATION (CANNOT BE Parents and Guardians)**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Ph: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_  
Number/Street City/Province Postal Code

Alberta Health Care Number: \_\_\_\_\_ (Mandatory)

**ALLERGIES & VACCINATION INFORMATION** (Please  one)

Immunization records provided and attached  Immunization records not available

Allergies (if applicable): \_\_\_\_\_

Medication or Action Taken (i.e. Benadryl, Epipen, etc.): \_\_\_\_\_

**RELEASE OF LIABILITY:** I hereby consent to Preschool 101 Inc. to have care and custody of my child during the times registered, and hereby recognizes and acknowledges that Preschool 101 Inc. will not be responsible for personal injury or loss. I give permission for the staff at Preschool 101 Inc. 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 Preschool 101 Inc. 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 child must be toilet trained before attending preschool Summer Camp.

\_\_\_\_\_ (Initial)

**CANCELLATION & PAYMENT POLICY:**

To cancel your registration, a 1 Month written notice is required. There will be an NSF fee of \$25.00 for each cheque returned.

Please make cheques payable to: **Preschool 101 Inc.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICIAL USE ONLY:**

Start date:		Receipt No:		Notes:	
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**Registration Checklist for Parents and Guardians:**

- All pages of the Registration Form have been completed, initialled and signed.
- All Fees submitted are to be submitted by: Post-dated cheques, eTransfer or Cash.

**FEE PAYMENT OPTIONS:**

**A. eTransfer Instruction:**

- Please contact *Preschool 101* for instructions.

**B. Cheque and Post-dated Cheques:**

- Please make your cheques payable to: Preschool 101 Inc.

**C. Cash:**

- We accept Cash (*please bring exact amount for payment as we do not keep cash onsite for change*).

**Note: Registration is considered completed and a spot is guaranteed only if ALL 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.

I have read this Student Media Release Consent Form and I fully understand the contents and meaning of this release. I understand that I am free to contact 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:	