

Our Little Friends/Les Petits Amis Playschool

Registration Form for 2020-2021 school year

Child's Full Name: _____ Date of Birth: _____
What do they preferred to be called? _____

Address: _____

Mailing Address (if different than above): _____

Home Phone Number: _____ Email Address: _____

Mother's Name: _____ Father's Name: _____
Address: (if different than above) Address: (if different than above)

Employer: _____ Employer: _____

Work Number: _____ Work Number: _____
Cell Number: _____ Cell Number: _____

Emergency contacts:

Please provide 2 contacts in case of emergency and the parent's/guardians are not immediately available.

Please provide their home address- box numbers and rural routes are not acceptable.

Name: _____ Name: _____

Daytime Phone: _____ Daytime Phone: _____

FULL Address: _____ **FULL** Address: _____

Relation: _____ Relation: _____

Individuals whom you authorize to pick up your child. (I.e. Grandparents, Day homes, Older Siblings)

Name: _____ Name: _____

Relation: _____ Relation: _____

Medical Information

Alberta Health Care #: _____

Are your child's immunizations up to date? YES NO

Does your child have any allergies? YES NO

If so please list: _____

Does your child have any medical conditions? YES NO

If so, please list _____

Is your child on any daily prescription medication? YES NO

If so, please list: _____

Fees

Monthly fees are \$135 and are due on the 1st of the month. An overdue fee of \$25.00 will be charged if payment is not received in full by the 15th of the Month.

A \$50 non-refundable registration fee is due at time of registration. (Registration will be on hold until this payment is processed either via cheque or e-transfer)

Payment can be made in 2 different ways:

10 Post Dated Cheques made out to Our Little Friends Playschool dated the 1st of the month for a sum of \$135.00 each

OR

Monthly E Transfers to ourlittlefriendsplayschool@gmail.com No password required.
You are welcome to pay for the whole year in advance via cheque or E transfer

Please be advised that a \$15.00 charge will be applied to your account if payment has not been made by the 15th of the month. Alternative payment arrangements may be made with the Treasurer if required to avoid late charge.

We require one months' notice for withdrawal from our program.

Copy Right Permission

I understand that any work(s) my child produces, may be shown for educational displays during board sponsored open houses, in-service sessions and other school related activities at school or in the community.

Out of Classroom Excursions

I understand that my child may have excursions outside the classroom such as to the outdoor playground or spray park. I am aware that a teacher will always accompany the children on the above-mentioned excursion.

Classes

I understand that the French program will run Tuesdays/Thursdays from September 9th – June 17th, and the English program will run Monday/Wednesdays from September 10th– June 18th. The morning classes run from 9:00-11:30 and the afternoon class run 12:15- 2:45. If my child is entering kindergarten the following year, my child may be enrolled in the afternoon class.

NOTE: All students must be toilet trained before enrolling in our program.

I, _____ (parent/guardian), have read and understand the above-mentioned policies and agree to them.

I wish to enroll my child in:

French Playschool morning 3 yr old ___

French Playschool afternoon 4 yr old only ____

English Playschool morning 3 yr old ___

English Playschool afternoon 4 yr old only ____

Parent Signature _____

Date _____

Our Little Friends/Les Petits Amis Playschool

Freedom of Information Act Form

This consent form is to be completed in the following circumstances:

- When interviews are undertaken or when photos or videos are taken by the media or an outside organization for non-public events for use outside the school community,
- When individual students are identified by name or face.
- When photos or videos are taken by the playschool where individual students are identified and the material is used for purposes outside the school.

I hereby consent for _____ to be

_____ photographed by

_____ videotaped by

Our Little Friends/Les Petits Amis Playschool knowing pictures may be posted on the following websites or our schools Facebook Page

www.ardrossanfrenchplayschool.ca or www.ardrossanrecagsociety.ca

OR

I do not consent for _____ to be

_____ photographed by

_____ videotaped by

Our Little Friends/ Les Petits Amis Playschool knowing pictures may be posted on the following websites:

www.ardrossanfrenchplayschool.ca or www.ardrossanrecagsociety.ca

Signed this _____ day of _____ 20_____

Signature of Parent or Legal Guardian
