



**For Office Use**

Date and Time Rec'd: \_\_\_\_\_

Registration/Deposit Rec'd \_\_\_\_\_

Acceptance Sent Letter \_\_\_\_\_ Email \_\_\_\_\_

Confirmed Program: \_\_\_\_\_

**Preschool Registration Form**

**Please note: ALL information must be completed IN FULL in order to process your application.**

Child's Legal Name \_\_\_\_\_ Male  Female   
Surname First Name

Child's Preferred Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Month/Date/Year

Home Address \_\_\_\_\_

City/Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Family Email \_\_\_\_\_

Alberta Health Care Number \_\_\_\_\_ Birth Certificate Number \_\_\_\_\_

Does your child have any medical concerns? No  Yes  (please detail under "Medical Information")

**Mother/Guardian**

Name _____	Employer _____
Address _____ <small>(if different than above)</small>	Bus. Address _____
City/Prov _____ PC _____	City/Prov _____
Phone _____ Cell _____	PC _____ Phone _____
Email _____	Bus. Email _____
Did Mother attend CCS? <input type="checkbox"/> Year(s): _____	

**Father/Guardian**

Name _____	Employer _____
Address _____ <small>(if different than above)</small>	Bus. Address _____
City/Prov _____ PC _____	City/Prov _____
Phone _____ Cell _____	PC _____ Phone _____
Email _____	Bus. Email _____
Did Father attend CCS? <input type="checkbox"/> Year(s): _____	

How did you hear about Learning Adventures Preschool? \_\_\_\_\_

**Please include the following information for anyone you have authorized to pick up your child. Please include parents and any others as your child/ren will only be released to adults on this approved list.**

Name:	Relationship to child:	Phone Number:

**Family Information** Please give the names and relationships of the members of your family and/or extended family living in your home (including the ages of siblings).

Which language(s) are spoken in the home? \_\_\_\_\_

Which language(s) are used by the child? \_\_\_\_\_

### **Medical Information**

**Child's Name** \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

**Emergency Contacts (other than parents):**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

Are all immunizations up to date? \_\_\_\_\_ If no, please explain: \_\_\_\_\_

Please describe any allergies your child has: \_\_\_\_\_

Will any medication (ex: Epi Pen) be left in the classroom? \_\_\_\_\_ If yes, please note details: \_\_\_\_\_

Please describe any other relevant health information (past or present): \_\_\_\_\_

Is your child on any medication? \_\_\_\_\_ If yes, please note details: \_\_\_\_\_

Does your child have any special needs? \_\_\_\_\_ If yes, please describe \_\_\_\_\_

**I hereby authorize the staff of Calgary Christian School Preschool to administer emergency care to my child. Except in the case of an emergency, staff will NOT administer medication of any kind.**

**Mother/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Father/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please note: ALL information must be completed IN FULL in order to process your application.**

## Personal Information and Consent

Please note: ALL information must be completed IN FULL in order to process your application.

The Calgary Society for Christian Education (CSCE) respects your privacy. We protect your personal information and adhere to all legislative requirements in compliance with the Alberta Personal Information Protection Act (PIPA). We do not rent, sell or trade Society information. The information you provide will be used to deliver services and to keep you informed on the activities of Calgary Christian School (CCS) and the CSCE including programs, services, special events, funding needs, opportunities to participate and the like, through periodic contact.

### School Directory

Each school year, the CSCE publishes a directory of families and staff with contact information. This sole purpose of this directory is to be an internal publication distributed only to CCS families and to encourage community building and communication. All families will be listed as shown below:

SMITH, John and Jane	403-555-5555
123 Main Street SW A1A 2B	j&jsmith@email.com
Jack Grade 7	Jill Grade 3

Your child/ren will also be included in the class list(s) that appear in the back of our directory.

After acceptance, the CSCE has the unrestricted right to use and publish images of the child(ren) listed on this application for school publications, yearbooks, electronic reproductions and/or promotional materials in any manner or medium, now and into the future, understanding they will be used with the inherent privacy, safety and security of both students and school in mind. Permission is granted to alter or copyright same without restriction. Changes to these permissions must be made in writing to CCS.

### Discipline and Illness Policies

The Learning Adventures Preschool program has an expectation of mutual respect and consideration between all parties. The children will be treated with kindness, respect and love and that behavior will be encouraged between students and staff. Should a problem arise between students, a staff member will try to help guide the children involved into resolving the situation amicably. Our goal is to help children learn to ask and express their wants and needs appropriately. If a child's behavior is inappropriate, a staff member will speak to the child and explain why their behavior is not acceptable and then help redirect the child to another activity. We believe in helping children in a loving, gentle way to become more responsible for their actions and decisions.

**PLEASE NOTE:** When children are ill, it is expected that they will not attend preschool for the well being of both themselves and others. Please contact the preschool school office as early as possible by calling 403/242-2896 ext. 358 if your child will not be attending classes, or if your child has contracted a communicable illness such as chicken pox or measles.

**Disclaimer:** Acceptance into the Learning Adventures Preschool program does not constitute an obligation or condition for acceptance into future education programs at Calgary Christian School.

I/We agree to the policies and procedures outlined and to fulfill all financial obligations relating to the Calgary Christian School Preschool program.

Mother/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Father/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Preschool Program Options

Children in the 3-4 year old program must be 3 years of age by September 1. Children in the 4 year old programs must be 4 years of age by December 31.

Please choose from the following programs. You will be notified of your child's class placement when the registration process is complete.

Program		Schedule	Registration Fee <i>non-refundable</i>	Current Year Program Cost <i>excluding registration fee</i>	Program Choice <i>number in order of preference</i>
<b>3/4 Year Olds</b> <i>(must be 3 yrs by Sept. 1)</i>	1 teacher 1 assistant 14 students	8:35 - 10:50 am <b>Tues/Thurs</b> <b>2 Day Program</b>	\$50.00	\$188.50/mth or \$1885/yr	
<b>4 Year Olds</b> <i>(must be 4 yrs by Dec. 31)</i>	1 teacher 1 assistant 16 students	8:35 - 11:05 am <b>Mon/Wed/Fri</b>	\$50.00	\$229.50/mth or \$2295/yr	
<b>Jr. Kindergarten 4 Year Olds</b> <i>(must be 4 yrs by Dec. 31)</i>	1 teacher 1 assistant 16 students	8:35 am - 12:00 pm <b>Mon/Wed/Fri</b>	\$75.00	TBA	

### Due upon registration \$350.00

- non-refundable registration fee
- \$300.00 deposit (will be applied to Program Fees)

Arrangements can be made for 10 monthly payments (Sept - Jun) for the balance of program fees.

This is the current year fee schedule, fees are subject to change for 2019-20.

*Please be aware that Preschool program fees can be claimed as childcare on your income tax return.*

**In order to secure a place in the Preschool, this registration form must be completed IN FULL and accompanied by the following:**

1. Photocopy of the child's birth certificate.
2. Photocopy of the child's up-to-date immunization records (if applicable).
3. Registration fee and deposit .

\*If you have students registered in the Kindergarten to Grade 12 program(s) at CCS, you may combine payments for your family by making arrangements with the Business Office.



Admissions Coordinator 403-242-2896 ext. 312 or  
[admissions@calgarychristianschool.com](mailto:admissions@calgarychristianschool.com)

Calgary Christian School has been educating children since 1963  
and offers classes from Preschool to Grade 12 on two campuses.

Visit our website at [www.calgarychristianschool.com](http://www.calgarychristianschool.com) for more information on our faith-based programs and philosophy.