

FOOTSTEPS PRESCHOOL



Registration Form 2022-2023

PLEASE COMPLETE IN INK. This form continues on the back. Indicate sections that are not applicable – **N/A**

CLASS REGISTERED FOR (Please circle your choice)

3 days MWF-AM

2 days T/TH-AM

2 days T/TH-PM

CHILD'S INFORMATION

Child's name _____
last given name commonly used

Male ___ Female ___ Child's primary language _____ Language(s) spoken at home _____

Home address _____ Postal code _____

Home telephone _____ Date of birth: day _____ month _____ year _____

Mother's name _____ Father's name _____

Address if different from above _____ Address if different from above _____

Telephone if different from above _____ Telephone if different from above _____

Mother's cell phone _____ Father's cell phone _____

Mother's business address _____ Father's business address _____

Business telephone _____ Business telephone _____

Family members: sisters (include ages) _____

brothers (include ages) _____

others _____

Has your child already attended a: preschool _____ daycare _____ dayhome _____

E MAIL ADDRESS _____

PLEASE BRING A CURRENT **POLICE CHECK** IN FOR ANY ADULT WHO WILL BE SCHEDULED FOR HELPER DAYS

SEEN _____

LOCAL EMERGENCY CONTACT INFORMATION

(someone OTHER than parent available during class time in an emergency. We will try to contact parents first if possible)

Name _____

Phone (home) _____ (work) _____ (cell) _____

Address _____

MEDICAL / PHYSICAL INFORMATION

General physical condition _____ Medical history/ chronic ailments _____

Long-term medications (even if only administered at home) _____

Allergies/Special Medical Needs (additional forms required) _____

Special concerns, problems, and needs we should know about _____

Is your child's immunisation up to date Yes _____ No _____

How did you find out about FOOTSTEPS Preschool? _____

CONSENT

I, the parent / guardian give my approval and permission for:

my child/children to participate in Footsteps Preschool

the staff to administer first aid for an injury or illness during class time. All teachers are qualified and current in First Aid training

my child transported by ambulance for emergency treatment if deemed necessary by staff.
Parents will be contacted as soon as possible. Parents will bear the cost of the ambulance.

my child to accompany his/her class on outings of educational interest during the preschool term, under the supervision of a teacher and parent volunteer. Forms will be sent out for each off-site field trip, which will include details of the trip.

my child/children to be included in any photographs, videotapes, email and / or print material used in the promotion of the preschool program, including advertising on social media sites.

The teacher is responsible for and has authority to handle classroom discipline, with the child's best interest and well being as a priority. All efforts will be taken to inform and communicate with parents involved. No child will be physically, verbally, or psychologically mistreated while under the care of preschool staff or volunteer. If there is a problem with a child who causes disruption in the classroom after a period of four weeks and all avenues have been exhausted then at the discretion of the teachers and the Directors, the parents may be required to withdraw the child from the program. I have read and agree with this discipline policy.

_____ Dated this _____ day of _____ 20____
Signature of Parent / guardian

OFFICE USE ONLY: Allergy alert form _____ Medication/Special needs release _____

FEE SCHEDULE:

1. Non-refundable: registration fee of \$50.00 and June tuition fee, both payable on day of registration.
2. September to May fees – post dated cheques for the 1st of each month, provided at time of registration. Or etransfers sent on the 1st of each month.
Your yearly tuition fee has been divided into 10 equal payments for your convenience. There will be a \$20.00 N.S.F fee.
3. Thirty (30) days **written notice** must be **received** before the **first day** of the **month prior** to the leaving date if you are withdrawing from the program. If said notice is not given you will forfeit one month's fees.

Mailing address
PO Box 1240
Cochrane AB T4C 1B3