



REGISTRATION IS OPEN

Brooks Preschool - 327-3rd Street West
bpsteachers@brookspreschool.com

Registration Checklist- MANDATORY

Please note the Brooks Preschool operates within Alberta Early Learning and Child Care Regulations. Therefore, the following items are mandatory before your child's registration will be accepted.

- 2 Local Emergency Contacts (Names and Phone #'s)
- Alberta Health Care Number
- Copy** of Immunizations
- Payment
- All forms COMPLETELY Filled out and signed
 - o Registration Form - all lines must be filled in or put N/A where needed
 - o Parent Helper
 - o Consents

NOTE: Parents **CANNOT** be additional emergency contacts even if at a different address

How did you hear about our Preschool? _____

ON-LINE INSTRUCTIONS

You can fill out the application on your (computer/phone/tablet) then email back. Or print and scan it, remember to include AHC number and a copy of Immunization record.

- To sign the form online you must click the fountain pen icon in the toolbar and choose add signature. Failure to do so may result in your form not being accepted due to licensing regulations.

- Payment options currently available online are e-transfer.

ONLY COMPLETED PACKAGES WILL BE ACCEPTED. NO EXCEPTIONS!!!!

For E-Transfers: Please email transfer 1 month's payment to brookspreschool123@gmail.com to guarantee your child's registration at the preschool. **Your application will not be processed until payment is received.** Use your child's name as the transfer password and put your child's name and day(s) you wish to register for in the comments.

FOR MORE INFORMATION REGARDING REGISTRATION, PLEASE CALL

Preschool 403-362-4828 or 403-362-0052

Or email bpsteachers@brookspreschool.com

(office use only)
Immunization received _____

Brooks Preschool Registration Form

Class (please check days) Mon. 4-5 Tues.3-4 Wed.4-5 Thurs.3-5 Fri. 4-5

Starting Date: Month _____ Year _____

Child's Full Name: _____

Female:

Male: Child's Birth Date (m/d/y) _____ / _____ / _____

Language spoken at home: English Other _____

Complete Street Address or Complete County of Newell Blue Sign Information (NO BOX # Please)

City/Town/Hamlet/County of Newell _____ AB. Postal Code _____

Mother: _____
Address : (if different) **Street or Rural County of Newell Sign**

AB. Postal Code _____

Father: _____
Address: (if different) **Street or Rural County of Newell Sign**

AB. Postal Code _____

Occupation: _____
Telephone (Home): _____
(Work): _____
(Cell): _____
Email: _____

Occupation: _____
Telephone (Home): _____
(Work): _____
(Cell): _____
Email: _____

Where can parent most often be reached when the child is in school? (please circle)

Mother: Home Work Cell

Father: Home Work Cell

LOCAL EMERGENCY CONTACT PERSONS: (other than parents with first and last names and phone numbers)

First & Last Names

1. Name: _____ Phone#: _____ Cell _____

2. Name: _____ Phone#: _____ Cell _____

Who has AUTHORIZATION for Brooks Preschool to release your child to? (Please list all including parents & emergency contacts. *First and last names and what relationship they are to the child beside each name, ex. Sue Smith (mother), father, grandparent, aunt, friend etc.*)

IF THERE ARE ANY INDIVIDUALS TO WHOM THE CHILD MAY **NOT** BE RELEASED, PLEASE INFORM THE TEACHER *If any changes occur during the year as to whom your child may be released to, please inform the teachers so updates are made.*

*** Will your child be attending The Newell Integrated Childcare Centre? YES or NO**
If yes, the Brooks Preschool staff must be listed above under Authorized Release as they will be returning your child to Day Care after class.

MEDICAL AND HEALTH CARE INFORMATION

Child's Name: _____ **Alberta Health Care #:** _____

Child's Doctor: _____ **Clinic:** _____ **Phone#** _____

Are your child's immunizations up to date? YES or NO (explain)

PLEASE SUBMIT A COPY OF THE IMMUNIZATION RECORD WITH THIS REGISTRATION.

It is the policy of the Brooks Preschool to make parents aware that there are children going to preschool that may not be immunized. The notice will state, **"THERE ARE CHILDREN ATTENDING PRESCHOOL WHO ARE NOT IMMUNIZED?"** PERSONAL INFORMATION WILL BE WITHHELD.

NO: My child has no allergies, diet restrictions, medications, or any health concerns that I am aware of

YES: List any allergies, diet restrictions, and medications taken on a regular basis or any health concerns

Is your child receiving therapy services (i.e. Speech, Occupational or Physical Therapy) Yes No

If Yes, please state through who _____

AUTHORIZATION FOR EMERGENCY MEDICAL AND HEALTH CARE ATTENTION:

1. In the event of an emergency when I am not available, I authorize the administration of any medical procedures deemed necessary by my child's doctor, or the doctor on call.

I also consent for Brooks Preschool staff certified in first aid, known as the health care provider, to administer health care to my child in the nature of First Aid, as required on assessment.

Parent/Legal Guardian Signature _____ **Date** _____

2. I, the undersigned, apply to enroll my child in the Brooks Preschool. I am willing to participate in the classroom activities and assist, as necessary. I release the Brooks Preschool from liability incurred while my child is attending school. I have read the Parent Handbook and understand the fee schedule. I oblige myself to comply with the rules and regulations of the Brooks Preschool Polices and guidelines as determined by Alberta Health.

Parent/Legal Guardian Signature _____ **Date** _____

3. **For Insurance reasons**, Brooks Preschool will not be held responsible for children in your care not registered to the Brooks Preschool, who may become injured due to inadequate supervision.

Parent/Legal Guardian Signature _____ **Date** _____

**Brooks Preschool
Protection of Privacy Act
Parent Consent Form**

This Information is collected and distributed in accordance with **Alberta’s Personal Information Protection Act (PIPA)** this consent form is for the sole purpose of the Brooks Preschool. If you have any questions about the collection of your personal information, call the preschool at 362–4828 from 8:30 am to 4:00 pm.

As the parent/legal guardian I hereby consent for _____
Name of Student

to be photographed, videoed, or named for the following purposes, **please check one.**

- 1. Photographs or student’s name for school related activities, newsletters, bulletin boards, art display, class pictures, coat hooks, concert programs, emergency fan out lists, yearend profile books.
Yes No
- 2. Photographs in newsletters
Yes No
- 3. Photographed by Brooks Bulletin and /or other local media where students are identified by name or face.
Yes No
- 4. Display student’s photo/video/ name on the **private class face book page**
Yes No
- 5. Display student’s photo/video/ name on the **public preschool web site/face book**
Yes No

Parent’s Name and Contact Information

- 6. Consent to provide parent/legal guardian’s name, phone number, or email address, to class reps and board members for parent activities and /or class emergency fan out system for school related messages.
Yes No

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that these forms will remain in effect during the term of my child’s enrollment. Your consent may be withdrawn at any time in writing, to the Brooks Preschool Society.

Parent/guardian name

Signature

Date

Brooks Preschool Permission for Off Site Routine Outings

I _____ (parent's/legal guardian name) hereby give my consent to allow _____ (student's name) to go off the Brooks Preschool site with supervision on board approved and posted routine outings such as walks in the neighbourhood, visit to Food Bank, or Fall, Spring and Winter visits to nearby community parks. Also, for activities within prior designated areas suitable for the activity eg. preschool playground, fire truck in back parking lot or activities on front lawn of the preschool.

I have notified the school of any physical or medical concerns that might interfere with my child's participation in the activity.

This section is for the sole purpose of the Brooks Preschool in following the Licensing Standards with Alberta Early Learning and Child Care Regulations.

Parent/guardian name

Signature

Date

If you have any questions about the collection of your personal information, call the preschool at 403-362-4828 from 8:30 am to 4:00 pm.

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that these forms will remain in effect during the term of my child's enrollment. Your consent may be withdrawn at any time in writing, to the Brooks Preschool Society.

Brooks Preschool Newsletter

Child's Class _____

I wish to receive the Brooks Preschool Newsletter via e-mail

Name: _____

E-mail address: _____

I DO NOT wish to receive the Newsletter via e-mail and would like a printed copy

If you have any questions about the collection of your personal information, call the preschool at 403-362-4828 and ask for the Teacher Administrator from 8:30am to 4:00pm.

I understand that it is my responsibility to update this form if I no longer wish to authorize the above use. I agree that this form will remain in effect during the term of my child's enrollment. Your consent may be withdrawn at any time in writing, to the Teacher Administrator, Brooks Preschool Society.

Brooks Preschool Criminal Record Checks

For the safety of all students in our preschool every parent helper/volunteer at Brooks Preschool is required to submit a Criminal Record Check before entering the classroom to work with the students. Dated not earlier than 6 months prior to the date of commencement with the preschool. Please print or email the attached letter to the R.C.M.P Detachment to obtain your Criminal Record Check.

You can call the Brooks RCMP at 403-794-4400 and they will direct you. There is no cost to have this check done if the letter is received with the form. Once you have obtained your criminal record check you can submit it to the preschool via email or bring the Criminal Record Check to your child's first day of school.

PARENT HELPER RESPONSIBILITY MUST READ AND SIGN for OFFICE USE

Single Class- Approx 4 times throughout school year
 Double Class- Approx 6-8 times throughout school year

Centers Free Play

1. Help in art room or play areas
2. You may be asked to assist with a small group of children at a center. If not interact with the children and help supervise. Encourage proper social skills.
3. Close sand table with lid & sweep up any loose sand
4. Spray and wipe tables/chairs after art as completed (with bleach solution provided)
5. Wipe up any spilled water under the water tables
6. Help children clean up play/art areas/paint easel etc.

Snack Time

1. Assist children with their own snacks
2. Help children wait to give thank yous before starting to eat (sing songs)
3. Join children during snack
4. After snack sweep snack room & wipe all tables/chairs with bleach solution
5. Check to ensure everything is put away

On your day to be helper, it is also your child's show & tell day. This is a special day for your child. Siblings are not allowed.

PARENT HELPER RESPONSIBILITIES

1. If you are unable to attend on your appointed day, switch days with another parent or have a relative or friend come in for you. It is your responsibility to find a replacement. Failure to find a replacement may result in a \$20.00 charge.
2. Please arrive at 8:45 a.m. and plan to stay 10 minutes after for final clean up.
3. Remember you are acting as a staff member. Please keep a professional head (do not discuss individual performances outside of the school). Any concerns you may have please bring to the attention of the teacher, president, or board members.
4. Assist in reinforcing classroom routine, rules, and expectations. Be positive.
5. Assist individual children only when necessary since we are trying to develop their sense of responsibility. (Clean up, arts, taking off coats etc.)
6. Supervise activities in the following manner. Please encourage the child to do and complete their work with little or no assistance.
7. When in doubt ask the teacher or aide for guidance.

Thank you very much for your cooperation and help in the classroom. We appreciate it very much and the children all benefit greatly from it. You are welcome to come in on another day other than your scheduled day to help out and to spend time with your child.

I have read and acknowledge the above guidelines for parent helper responsibilities.

Parent/guardian name

Signature

Date



327-3rd Street West
Brooks, AB T1R 0E7
Ph: 403-362-4828
Fax: 403-362-4898

To: RCMP- Brooks, AB

Re: Criminal Record Check for Volunteering

As per the Administrative Policies and Alberta Early Learning and Child Care Regulations. The Brooks Preschool requires a Criminal Record check. We are a not-for-profit Society specializing in Early Childhood Education. Our Alberta Registries' Society number is 500113725, we are applying for this application to receive a fee pardon.

NAME: _____

(print name)

Will be an (unpaid) volunteer with Brooks Preschool

If you require further information, please do not hesitate to call me.

**Adrienne Beaudry
Brooks Preschool Society
Chairperson
403-362-4828
403-362-4898**