

REGISTRATION

Wednesday April 11, 2018 5:00-6:00 p.m. OR 6:00-7:00 p.m.

Wednesday, May 23, 2018 5:00-6:00 p.m. OR 6:00-7:00 p.m.

Brooks Preschool 327-3rd Street West

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

Registration Checklist- MANDATORY

- 2 Local Emergency Contacts (Names, Street Addresses or County of Newell Complete Blue Sign, Phone #'s)

143008
RGE RD 213

Sample of Blue Sign

- Copy of AB Health Care Card
- Copy of Immunizations
- Payment
- All forms COMPLETELY Filled out and signed
 - Registration Form - all lines must be filled in or N/A where needed
 - Parent Helper
 - Consents

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

How did you hear about our Preschool? _____

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

**FOR MORE INFORMATION REGARDING REGISTRATION, PLEASE CALL
Tara @ 403-362-1735 or Preschool 403-362-4828
Or email bpsteachers@brookspreschool.com**

(office use only)
Immunization received ____
AHC Card received ____

Brooks Preschool Registration Form

Class (please circle): **Mon/Thurs Tues Wed Fri AM**

Starting Date: Month _____ Year _____

Child's Full Name: _____ Male: ____ Female: ____

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: _____

Father: _____

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

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

_____ AB. Postal Code _____

_____ AB. Postal Code _____

Occupation: _____

Occupation: _____

Telephone (Home): _____

Telephone (Home): _____

(Work): _____

(Work): _____

(Cell): _____

(Cell): _____

Email: _____

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 phone numbers and complete address)

Local (Within the County of Newell AB.)

Must give TWO – No Exceptions

First & Last Names Street or Rural County of Newell Blue Sign Information (NO BOX #)

1. Name: _____ Address: _____ Phone#: _____

_____ AB. Postal Code: _____ Cell#: _____

2. Name: _____ Address: _____ Phone#: _____

_____ AB. Postal Code: _____ Cell#: _____

AUTHORIZED RELEASE: (persons to whom child may be released, list 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.*

*** 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 AND ALBERTA HEALTH CARE CARD 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

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

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.

YES or **NO**

I, hereby give consent For Brooks Preschool Teachers and Teacher Assistants 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.

SUBSIDY:

I will be applying for subsidy, through Alberta Child and Family Services. I will agree to provide registration fee (non refundable) plus 10 postdated cheques dated September 1st – June 1st in accordance with the fees and schedule annual class cost. These will be held until subsidy application will be successfully processed. The parent is responsible for the balance of fees once their total subsidy has been reached or monthly application is rejected. All subsidy application information is held in accordance with Alberta Personal Information Protection Act (PIPA).

1. 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 and all above agreements.

There is a \$35.00 fee for NSF cheques.

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

2. 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 2018– 2019
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. Photographed by Brooks Bulletin and /or other local media where students are identified by name or face.
Yes ___ No ___
- 3. Display student’s photo/video/ name on the preschool web site/face book
Yes ___ No ___

Parent’s Name and Contact Information

- 4. 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.

Signature of Parent/Legal Guardian

Date

Brooks Preschool 2018–2019 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 engine 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 Child Care Regulations.

(Section 4(1)(a) & (b) of Schedule 5)

Signature of Parent/Legal Guardian

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.

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Brooks Preschool Volunteer Information

Child's Name: _____

Child's Interests: (toys, books etc.) _____

Class: Mon/Thurs. Tues. Wed. Fri. AM

Parent's Name: _____

Phone #: _____

The following positions are available. Please check any position you would be interested in. If we do not have a complete board of directors, our school cannot operate.

- | | |
|------------------------|---------------------------|
| _____ Chair | _____ Treasurer |
| _____ Vice Chair | _____ Assistant Treasurer |
| _____ Secretary | _____ Registrar |
| _____ Teacher Liaison | _____ Assistant Registrar |
| _____ Parent Resources | _____ Supplies |
| _____ Member At Large | _____ Newsletter |
| _____ Room Rep | |

Other children in family:

<u>Name</u>	<u>Age</u>	<u>Sex</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I am able to be on the Sub-list for my child's class, should extra helpers be needed, and the school may contact me to see if I'm available.

Please indicate if you have any skills or interests in any of the following areas, which you might like to share with us:

- _____ Share your Occupation/Profession: _____
- _____ Willing to tell/read a story
- _____ Make Play dough
- _____ Willing to do extra craft cutting
- _____ Other (eg Handyman, Woodworking, etc)

Brooks Preschool Going GREEN

In an effort to reduce the amount of paper Brooks Preschool sends out we are asking you to sign up for this year's newsletter sent to you via e-mail. Leave your e-mail address below to sign up! We will still keep some copies of the newsletter at the preschool for your convenience. Thank You for your help!

Child's Class _____

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

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

Name: _____

E-mail address: _____

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 in the event that 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.

PARENT HELPER RESPONSIBILITY *copy to sign for OFFICE USE*

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

Centers

1. Help in craft room or play room
2. Close sand table with lid & sweep up any loose sand
3. Spray and wipe tables/chairs after crafts are completed (with bleach solution provided)
4. Wipe up any spilled water under the water tables
5. Help children clean up play/craft areas

Snack Time

1. Assist children with their own snacks
2. Help children wait for grace before starting to eat (sing songs)
3. Join children during snack
4. After snack help children place uneaten food items in the garbage
5. Sweep snack room & wipe all tables/chairs with bleach solution
6. Check to ensure everything is put away
7. If using cups provided by school- wash in soapy water, rinse in hot water, and soak in bleach solution for 5 min, & air dry in dish rack

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 will 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, crafts, 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.

PARENT HELPER RESPONSIBILITY *copy to sign for OFFICE USE*

- Free Play - Help where needed. 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.
- Help tidy center at clean up time. Wash down easels and tables. Sweep floor and around sand table and mop spilt water around water tables.

Expressive Art/Activity

- One adult per table.
- Children may need guidance please do not do the art/activity for them. Remember that the process is more important than the product.
- Be sure the child's name is on the art/activity.
- Assist the teacher or aide with prep cutting or other work.

- Snack Time - Assist and Join snack time with children
- After snack, parent wipes down tables/chairs and sweeps the floor.

Circle Time - Participate during circle time and help with children activities.

Active Play - One parent may be required to assist with this.

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 or to spend time with your child.

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

PARENT SIGNATURE: _____ **DATE:** _____

PARENT HELPER RESPONSIBILITY

Parent Copy-please read and keep at home

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

Centers

1. Help in art room or play room
2. Close sand table with lid & sweep up any loose sand
3. Spray and wipe tables/chairs after art/activities are completed (with bleach solution provided)
4. Wipe up any spilled water under the water tables
5. Help children clean up play/art areas

Snack Time

1. Assist children with their own snacks
2. Help children wait for grace before starting to eat (sing songs)
3. Join children during snack
4. After snack help children place uneaten food items in the garbage
5. Sweep snack room & wipe all tables/chairs with bleach solution
6. Check to ensure everything is put away
7. If using cups provided by school- wash in soapy water, rinse in hot water, and soak in bleach solution for 5 min, & air dry in dish rack

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