



# Registration Form 2019-2020

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      3 days MWF-PM      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 \_\_\_\_\_

Religion if applicable \_\_\_\_\_

(To enhance our program we try to include as many cultures and beliefs as possible, in an age-appropriate way  
We invite you to share some of these beliefs or cultural mores with our children during the year.)

**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 \_\_\_\_\_

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**MEDICAL / PHYSICAL INFORMATION**

General physical condition \_\_\_\_\_ Medical history/ chronic ailments \_\_\_\_\_

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

Diseases child has had: Measles \_\_\_\_ Chickenpox \_\_\_\_ Whooping cough \_\_\_\_ Scarlet fever \_\_\_\_ Mumps \_\_\_\_ Other \_\_\_\_\_

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, with a maximum ratio of 4 children to 1 adult.

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

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. 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.

\_\_\_\_\_  
Signature of Parent / guardian Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

**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 1<sup>st</sup> of each month, provided at time of registration.  
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