
BROOKS PRESCHOOL



REGISTRATION FORM

Providing Quality Play Experiences
in our Community for Over 40 Years



BROOKS PRESCHOOL ENROLLMENT CHECKLIST

Child's Name: First _____ Last _____

Please indicate class choices. Choose from 1 – 5 classes:

- Monday, 8:30am – 12:00pm, 3.5 hrs.
- Tuesday, 8:30am – 12:00pm, 3.5 hrs.
- Wednesday, 8:30am – 12:00pm, 3.5 hrs.
- Thursday, 8:30am – 12:00pm, 3.5 hrs.
- Friday, 8:30am – 12:00pm, 3.5 hrs.

Monthly Preschool Fees September 2022 – May 2023:

- 1 class per week \$2.25 paid monthly or \$22.50 paid
- 2 classes per week \$74.35 paid monthly
- 3 classes per week \$146.45 paid monthly
- 4 classes per week \$223.70 paid monthly
- 5 classes per week \$295.80 paid monthly

* Please note that these fees reflect a \$75.00 monthly credit as part of the Alberta Child Care Affordability Grant.

* Eligible families can also apply for subsidy. Find more information on this link [childcare subsidy](#). If you would like assistance for this subsidy application, you can contact the SPEC Association at 403-362-5056 to make an appointment.

To Be Submitted Via E-Transfer *brookspreschool123@gmail.com*

- Annual Registration Fee \$40 per family, non-refundable
- 1 Month Tuition, non-refundable for withdrawals after July 31, 2022

Email Contacts for Newsletters & Preschool Communications

Name:	Email:
Name:	Email:

How did you hear about us? _____



BROOKS PRESCHOOL ENROLLMENT RECORD

Personal Information *Please print clearly and legibly*

Child's Legal Name: <i>First</i>		<i>Last</i>	
Name(s) child goes by (eg. Daniel and Danny):			
Date of Birth: Y/M/D		AH #:	
Street Address: Or Blue Sign #		City/Town/Hamlet/ County of Newell AB Postal Code	
Parent / Guardian:		Relationship to Child:	
Street Address: Or Blue Sign #		City/Town/Hamlet/ County of Newell AB Postal Code	
Home Phone #:		Cellular Phone #:	
Parent / Guardian:		Relationship to Child:	
Street Address: Or Blue Sign #		City/Town/Hamlet/ County of Newell AB Postal Code	
Home Phone #:		Cellular Phone #:	

Non-Parent / Guardian Additional Emergency Contacts

Emergency Contact:		Relationship to Child:	
Home Phone #:		Cellular Phone #:	
Emergency Contact:		Relationship to Child:	
Home Phone #:		Cellular Phone #:	

Additional People Authorized to Release Child

My child may be released to parent(s), guardian(s) emergency contacts, or the additional following persons listed below.

Name:	Relationship to Child:
Name:	Relationship to Child:

Health & Wellness

Allergies / Food Restrictions:
Allergic Reactions - Symptoms / Signs of Distress:
Emergency Medication:
Immunizations up to date: Yes No
PLEASE SUBMIT A COPY OF THE IMMUNIZATION RECORD WITH THIS REGISTRATION
OR Read and Sign Waiver <i>Immunization Waiver</i>: I am aware of the inherent risks of not having my child immunized. I agree to voluntarily remove my child from the program in the event of an outbreak of any infectious disease, which is currently covered by the Alberta Health Services Immunization Program. The return date will be established after consultation with the Alberta Health Services.
Signature _____ Only if not immunizing

All About Your Child

Is this your child's first experience with a non-parented activity? Yes No	
Siblings:	Language(s) Spoken at Home:
What activities does your child enjoy?	
What are your expectations or hopes for your child at our program?	
Is there anything regarding your family, celebrations, extended family, or child that you would like to share with us?	

PARENT / GUARDIAN CONSENT FORM

Please initial/sign consent for each statement to confirm you have read and agree to be bound by each service condition.

Brooks Preschool Service Agreement Conditions

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.

Parent / Guardian Initials:

I hereby certify that the Child is in my lawful custody and that there is no other person whose consent is required for my Child's enrollment into the program.

Parent / Guardian Initials:

I have read and reviewed the Family Handbook, including the Guidance Policy and Volunteer Policy, and I am satisfied that I have been informed about the program's activities and practices.

Parent / Guardian Initials:

I agree to inform the program immediately of any changes to my or my Child's personal information including medical status, emergency contacts, and those persons with authorized access to my Child. This information is used in emergency situations and when it is used time is of significant consideration. The program strongly emphasizes the need for this information to be kept up to date.

Parent / Guardian Initials:

I give permission for my Child to participate in routine and special occasion activities in the building and outings. These activities are such as walks around the neighborhood or spring and fall visits to community parks, food bank and pottery guild visits. Notified outings planned and supervised by the program.

Parent / Guardian Initials:

I give permission for my Child's photo / video / name to be displayed in the **private** Facebook page.

Parent / Guardian Initials:

I give permission for my Child's photo / video / name to be displayed in the **public** Facebook page and website.

Parent / Guardian Initials:

I hereby give permission for my Child's photo / name to be used in the Brooks Bulletin and/or other local media.

Parent / Guardian Initials:

I understand that the program will respond appropriately to situations when the parent(s) appear unable to provide safe care i.e. intoxicated or lack of car seats. The staff acts in the best interest of the Child at all times, and exercises good judgment in determining the best course of action.

Parent / Guardian Initials:

I understand that when staff deem it necessary, they are permitted to provide or allow for the **provision of health care**. The health care provided is in the nature of first aid.

Parent / Guardian Initials:

Emergency medical situations when ambulance is called: With my permission, the program may secure such medical advice and services as it may deem necessary for my Child's health and safety. Brooks Preschool, under their insurance policy, will cover the cost of an ambulance ride.

Parent / Guardian Initials:

I understand that relevant information (i.e. my Child's name and attendance record) is released to Government agencies as considered necessary or advisable by the program. Your Child's full name may appear on common classroom lists.

Parent / Guardian Initials:

I understand that the program is **NUT AWARE** and will ensure that nut and nut products are not sent in my child's snacks regardless of their allergies / non-allergies.

Parent / Guardian Initials:

I have read and fully understand the rules governing fee payment and I am aware that my Child's enrollment may be cancelled without notice if I fail to abide by those provisions.

Parent / Guardian Initials:

I am aware that Brooks Preschool, at its sole discretion, may terminate this contract when it is in the best interest of my Child and/or the program.

Parent / Guardian Initials:

I have read and understood my commitment to volunteering in the classroom, and will meet those expectations and needs of the program. I understand that if I volunteer, at no time I may have unsupervised care of the children. I will be an active support and participant in the program.

Parent / Guardian Initials:

Confidentiality Policy - I will not disclose information of the personal or business affairs of program, staff, parents or children with other programs or individuals. I will respect the privacy and confidentiality of the staff, families and children. I understand that this confidentiality may be waived in specific circumstances such as suspected child abuse and neglect reporting.

Parent / Guardian Initials:

I will adhere to all Alberta Health Services health mandates regarding but not limited to Covid 19. I will screen my child and myself for symptoms before attending Preschool. My child or family members will not attend if ill. I understand that it is crucial for the well being of all for myself and my family to comply. I will follow all guidelines and recommendations. I agree that the health and well-being of all supersedes the want / need to attend preschool.

Parent / Guardian Initials:

Brooks Preschool will not be held responsible for children **not** registered to the Brooks Preschool, who may become injured due to inadequate parent / guardian supervision.

Parent / Guardian Initials:

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 have initialed. 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 SIGNATURE:



BROOKS PRESCHOOL VOLUNTEER INFORMATION

Child's Name:	
Parent / Guardian Name:	
Email:	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.

- | | | |
|---|--|--|
| <input type="checkbox"/> Chair | <input type="checkbox"/> Secretary | <input type="checkbox"/> Supplies |
| <input type="checkbox"/> Treasurer | <input type="checkbox"/> Registrar | <input type="checkbox"/> Member At Large |
| <input type="checkbox"/> Vice Chair | <input type="checkbox"/> Teacher Liaison | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Assistant Treasurer | <input type="checkbox"/> Assistant Registrar | <input type="checkbox"/> Room Rep |
| <input type="checkbox"/> I can be on the Sub-list for my child's class. | <input type="checkbox"/> Parent Resources | |

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
- Other (eg. Handyman, Woodworking)

I have read and acknowledge the guidelines in the Family Handbook for Parent/Special Helper Responsibilities

Date:
Parent / Guardian Signature

BROOKS PRESCHOOL PORTABLE RECORD *Please print clearly and legibly*

Child's Name: <i>First</i>		<i>Last</i>	
Date of Birth: Y/M/D		AH #:	
Street Address: Or Blue Sign #		City/Town/Hamlet/ County of Newell AB Postal Code	
Parent / Guardian:		Relationship to Child:	
Street Address: Or Blue Sign #		City/Town/Hamlet/ County of Newell AB Postal Code	
Home Phone #:		Cellular Phone #:	
Parent / Guardian:		Relationship to Child:	
Street Address: Or Blue Sign #		City/Town/Hamlet/ County of Newell AB Postal Code	
Home Phone #:		Cellular Phone #:	

Local Emergency Response Service: 9-1-1 Poison Control Centre: 1-800-332-1414

Emergency Contact:		Relationship to Child:	
Home Phone #:		Cellular Phone #:	
Emergency Contact:		Relationship to Child:	
Home Phone #:		Cellular Phone #:	
Allergies / Food Restrictions:			
Emergency Medication:		Immunizations Up-to-Date: Yes No	