



All registration forms must be **fully completed**. Registration forms will be accepted in person by the Registrar's office from either the parent or guardian of the child being registered.

2018 - 2019 PRESCHOOL/JR. K. REGISTRATION FORM

Address: 333 Edgepark Blvd. NW, Calgary, AB T3A 4K4

Phone: (403) 547-2193

Website: school.foothillsalliance.com

Email: fapk@foothillsalliance.com

NAME OF CHILD: _____ Male Female
First Middle Last

NAME THEY GO BY: _____

TELEPHONE #: _____ BIRTH DATE: _____
Day Month Year

ADDRESS: _____

POSTAL CODE: _____ EMAIL: _____

CLASS PREFERENCE: ****Please number your choice in order of preference from #1-3****
NOTE: Teachers are subject to changes

3-YEAR OLD PRE-SCHOOL (must be three by September 30, 2018)

_____ Tues/Thurs morning (9:15 -11:30am) – Mrs. Komori

3/4-YEAR OLD SPLIT PRE-SCHOOL (must be three by September 30, 2018) OR (must be four by Feb. 28, 2019)

_____ Tues/Thurs morning (9:30am-12:00pm) – Mrs. Sparks

_____ Tues/Thurs afternoon (1:00-3:30pm) – Mrs. Komori

JR KINDERGARTEN (must be four by December 31, 2018)

_____ Mon/Wed/Fri morning (9:15-11:45am) – Mrs. Calder

_____ Mon/Wed/Fri morning (9:30am-12:00pm) – Mrs. Sparks

_____ Mon/Wed/Fri afternoon (1:00 -3:30pm) – Mrs. Calder

Interested in enrolling in more than one class – we can accommodate that! E-mail your inquiries!

MONTHLY FEES:

| | |
|----------------|--|
| \$170.00/month | 3-year old pre-school program (2 ¼ hrs for 2-day morning or afternoon) |
| \$170.00/month | 3/4 Split (2 ½ hrs for 2-day AM or PM) |
| \$210.00/month | Jr. Kindergarten program (2 ½ hrs for 3-day morning or afternoon) |

SCHOOL FEES: (Please make cheques payable to Foothills Alliance Preschool)

- | | |
|--|---|
| <input type="checkbox"/> \$115.00 | Registration fee (<i>non-refundable</i>) |
| <input type="checkbox"/> One month's fee | Current date – will be credited to the last month's fee (June) |
| <input type="checkbox"/> VOID cheque | For pre-authorized debits of monthly school fees from Sept-May |

CANCELLATION / CHANGE POLICY: To cancel your registration, a 30-day written notice is required or you will be charged one month's fee. No June refunds for cancellations. There will be an additional \$25.00 administrative fee for any class changes that occur after the start of school in September.

I understand and agree to the above cancellation/change policy.

Parent Signature: _____ Date: _____

(Office Use Only) Time: _____ Date: _____ Initial: _____

FAMILY CONTACT INFORMATION:Are you registering more than one child in the pre-school program at the same time? Yes No

| | | | |
|---|------------------------------------|---------------|--------------|
| Mother OR Guardian | Legal First Name: | Last Name: | Email: |
| | Name you go by: | | |
| | Home: () | Home Address: | Cell: () |
| | Occupation (for field trip ideas): | Employer: | Work: () |
| Father OR Guardian | Legal First Name: | Last Name: | Email: |
| | Name you go by: | | |
| | Home: () | Home Address: | Cell: () |
| | Occupation (for field trip ideas): | Employer: | Work: () |

EMERGENCY CONTACT INFORMATION (other than parents):

NAME: _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

AUTHORIZED PERSON(S) INFORMATION (other than parents):*To whom your child may be released if parent(s) cannot be contacted*

NAME: _____ PHONE: _____ CELL: _____

NAME: _____ PHONE: _____ CELL: _____

MEDICAL INFORMATION:****Alberta Health Care Number:****FAMILY DOCTOR:** _____ **PHONE:** _____Does this child have any medical or emotional condition requiring or receiving treatment or supervision? No Yes [If yes, please request additional medical information forms from school office.]**RELEASE OF LIABILITY:** *I hereby consent to the Foothills Alliance Preschool to have care and custody of my child during the times registered, and hereby recognize and acknowledge that Foothills Alliance Preschool will not be responsible for personal injury or loss. In the event that my child requires medical attention and I cannot be located, I hereby consent to Foothills Alliance Preschool contacting the above doctor or administering first aid and calling an ambulance if deemed necessary.*

Parent Signature: _____ Date: _____

ALUMNI STATUS (families who are currently enrolled or have been previously enrolled in the school):

Do you qualify for alumni status? Yes No

(If yes, please list previously enrolled children below)

| CHILD(REN)'S NAME(S): | SCHOOL YEAR OF ENROLLMENT: |
|-----------------------|----------------------------|
| | |
| | |

OPTIONAL VACCINATION INFORMATION: ****Please check one****

*****Vaccination information is for data collection purposes only.**

We have chosen not to disclose

We have chosen not to immunize

Name of Immunization Clinic: _____

Please fill in dates of the following immunizations (or photocopy and attach records):

| Pertussis (Whooping Cough) | Diphtheria | Tetanus | Polio | Measles, Mumps, Rubella | Haemophilus Influenza – Type B | Chicken Pox | Meningitis |
|----------------------------------|------------|---------|-------|-------------------------------|--------------------------------------|----------------|------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

CHILDHOOD ILLNESSES (ie. measles, chicken pox, mumps, convulsions, whooping cough, head injury, accidental poisoning, bronchitis, ear infection, fractures, etc.)

Please list specific conditions below:

Please list date for each condition:

| | |
|--|--|
| | |
| | |
| | |

| | |
|--|---|
| **ALLERGIES (please provide all specifics): | <input type="checkbox"/> No <input type="checkbox"/> Yes (Please List) |
| PRESCRIBED MEDICATION (ongoing): | <input type="checkbox"/> No <input type="checkbox"/> Yes (Please List) |

FAMILY BACKGROUND:

Has your child attended preschool before? Yes No

If so, where? _____

What language(s) is/are spoken in your home? _____

Does your child understand and speak English? _____

Is your child **completely** toilet-trained? Yes No

Are parents living together? Yes No

If no, who has custody of child during preschool hours? _____

(Please include both parents' home phone numbers if they are different)

Please list any additional information you feel would be helpful for the teacher in meeting your child's needs:

FIELD TRIPS: Foothills Alliance Preschool will be periodically taking field trips in the City of Calgary and the vicinity thereof, when, in the opinion of the Preschool Executive, such tours have definite educational value and are an integral part of the school program. It is agreed that these educational field trips may take place anytime during the Foothills Alliance Preschool term. Before each field trip, a special notice will be provided with information naming the area to be visited and the time. This notice will require a parent or guardian's signature in order to grant permission for the student to participate.

RELEASE OF LIABILITY COVERING EDUCATIONAL TOURS & ALL SCHOOL ACTIVITES:

I, the undersigned, being a parent or guardian of _____ (insert child's name), who is a pupil attending the Foothills Alliance Preschool, hereby approve of and grant permission of Foothills Alliance Preschool, its teachers, officials and volunteers, to take the said child on field trips and participate in all school activities. In case of accident to the said child during such outings or activities, we hereby covenant and agree that no action will be taken against the Foothills Alliance Preschool or any of its teachers, officials or volunteers.

Parent Signature: _____ Date: _____

DISCIPLINE POLICY: Foothills Preschool and Jr. Kindergarten understands that children are just that -- children -- and occasionally need to be reminded of good behaviour. By establishing guidelines for discipline through communication and cooperation, children will acquire respect for themselves, peers, authority and surroundings.

Discipline problems will be avoided by promoting positive behaviour through re-direction, behaviour modification and prevention, as staff are aware that bored children are likely to become problem children. Any problems are dealt with immediately and in a consistent manner. Continual undesired behaviour may result in a loss of privilege during which discussion occurs between staff and child to solve the problem and encourage the child's participation in the solution. Under no circumstance will the staff inflict or cause to be inflicted any form of physical punishment, verbal or physical degradation or emotional deprivation; deny or threaten to deny any basic necessity, or use or permit the use of any form of physical restraint, confinement or isolation.

Due to the fact that children mature individually and at different age levels, some children are not socially and/or emotionally mature for preschool at the age of three or four. If, after attending our preschool or Jr. Kindergarten for one month, a child continues to appear very unhappy and/or the child's behaviour is consistently having a detrimental effect on the class as a whole, the teacher will contact the parents to help determine what further steps should be taken regarding alternative programs with appropriate resources and/or strategies. Alberta Learning supports this guideline.

I have read and comply with the discipline policy of Foothills Alliance Preschool, as stated above.

Parent Signature: _____ Date: _____

MANDATORY PARENT VOLUNTEERS: Parents are regular, significant and contributing members of our program. When the parent volunteers, their child will be the **Student of the Day**. The designated Class Coordinators will schedule parents on a rotational basis throughout the school year. On average, a parent will volunteer about once per month. If a parent is unable to participate on their assigned dates, it is the parent's responsibility to find a replacement (relatives like grandparents, aunts, uncles, cousins, etc. are acceptable replacements). **You must have a Police Clearance on file at the School before you can volunteer. If a Police Clearance is not on file, then you will be charged \$45.00 each month until you have applied.**

*We will fulfill our commitment to our child's preschool program and volunteer **approximately once a month** in the following manner (please check one) :*

- Volunteer, as proposed
- Provide a competent substitute → **Name:** _____ **Phone:** _____

Parent Signature: _____ Date: _____

POLICE CLEARANCE

In order to ensure and maintain a safe and secure learning environment for our students, the Foothills Alliance Kindergarten requires all volunteers to complete a Criminal Record Check. All adult volunteers will require a valid security clearance **before** they can be utilized in the classroom. There will be no exceptions.

- Yes, I have a valid Police Clearance (within the last five years) with the Foothills Alliance Preschool and Kindergarten.
- Yes, I have a valid Police Clearance including **VULNERABLE SECTOR** (within the last five years) with another organization or my employer – **PLEASE ATTACH**
- No, I need to complete an Application.

CONSENT TO PUBLISH STUDENT IMAGE

In order to comply with Alberta's Freedom of Information and Protection of Privacy Act and the Copyright Act, Foothills Alliance Preschool and Kindergarten is requesting the consent from parents to post and/or publish student's likeness and name on various public forums.

Child's Name _____

School Name: Foothills Alliance Preschool & Kindergarten

I, _____ (parent or guardian), residing at _____ (address)

consent to the use of my child's photograph, video, quote, statement and/or name by Foothills Alliance Preschool & Kindergarten for the purpose of highlighting the school, student and staff work and activities in a variety of public forums for non-profit purposes. Examples of communication vehicles where your child's likeness and name may be used include, but is not limited to: Memory Books, Class DVD, and Classroom Displays.

Please note: Once photographs, student names and other identifying information or student work are released in any public forum, Foothills Alliance Preschool & Kindergarten cannot control or prevent the further distribution or use of the material by those who access the information.

Print _____ Sign _____
Name of Parent or Guardian

Signed at Calgary, Alberta, this the _____ day of _____, 20____.

OPTIONAL INFORMATION TO SHARE WITH THE TEACHER:

What are your child's favourite activities?

What are your child's fears?

Child's strengths:

Child's weaknesses:

Is your child left-handed or right-handed? ⇨ Right-handed ⇨ Left-handed

Does your family attend church? ⇨ Yes ⇨ No

If so, where?

Does your child attend Sunday School? ⇨ Yes ⇨ No

If so, where?

How did you hear about our preschool program?

⇨ Friend / relative *Please specify:* _____

⇨ Website / Advertisement *Please specify:* _____

⇨ Other *Please specify:* _____

Is there an important growth area for your child in this upcoming school year?

Additional information you would like to share:



Volunteer Registration Form

Volunteer's Name: _____

Are you related to a student currently attending FAS? YES NO
If "Yes" – Student's Name: _____

Other than parenting, have you worked with children in the past? (i.e. Coaching, Teaching Sunday School, Dayhome Operator, etc.)

Do you have a criminal record for which you have not received an official pardon?
 YES NO

You may be asked to provide two references (Principal's Discretion):

| Name of Reference | Telephone Number |
|-------------------|------------------|
| _____ | _____ |
| _____ | _____ |

Do you have any special skills you would be willing to share with the children in our school? (i.e. musician, painter/artist, speak another language, dance instructor, gym specialist, etc.)

What are you looking forward to the most as a Volunteer at FAS?

Is there anything the FAS staff can do to help make your Volunteering experience successful and enjoyable?

PAYOR'S AUTHORIZATION FOR RE-AUTHORIZED DEBITS FOR PERSONAL/HOUSEHOLD PURPOSES

NAME OF CHILD: _____
First *Last*

SCHOOL YEAR: _____ **CLASS:** _____

1. PAYOR'S NAME AND ADDRESS (Please print your personal information):

| | |
|--|------------|
| ⇩ Mr. SURNAME ⇩ Mrs. ⇩ Ms. ⇩ Miss | FIRST NAME |
| ADDRESS: | CITY: |
| POSTAL CODE: | PHONE: |

2. NAME OF PAYOR'S FINANCIAL INSTITUTION (Please print your bank's information):

| | |
|--------------------------------|--------------|
| NAME OF FINANCIAL INSTITUTION: | |
| ACCOUNT NUMBER: | ADDRESS: |
| CITY: | POSTAL CODE: |

I/We have attached a specimen cheque marked "VOID" to this payor authorization (the "Authorization").
 I/We will inform the Payee, in writing, of any change in the information provided in this section of the Authorization prior to the next due date of the Pre-Authorized Debit ("PAD").

3. PAYEE'S NAME AND ADDRESS:

| |
|--|
| NAME OF THE PAYEE: <i>Foothills Alliance Preschool</i> ADDRESS: <i>333 Edgepark Blvd. NW</i> CITY: <i>Calgary, Alberta</i> POSTAL CODE: <i>T3A 4K4</i> TELEPHONE: <i>(403) 547-2193</i> |
|--|

4. I/We acknowledge that the Authorization is provided for the benefit of the Payee and the Processing Institution and is provided in consideration of the Processing Institution agreeing to process debits against my/our account, as listed above, (the "Account") in accordance with the Rules of the Canadian Payments Association.
5. I/We warrant and guarantee that all persons whose signatures are required to authorize withdrawals from the Account have signed the Authorization below.
6. I/We hereby authorize the Payee to issue Pre-authorized Debits (as defined in Rule H4 of the Rules of the Canadian Payments Association) (the "PAD") drawn on the Account, for the following purpose: ***monthly pre-school fees***

I/We may cancel the Authorization at any time upon providing written notice to the Payee.

7. I/We acknowledge that provision and delivery of the Authorization to the Payee constitutes delivery by me/us to the Processing Institution. Any delivery of the Authorization to the Payee, regardless of the method of delivery, constitutes delivery by me/us.
8. The Payee will provide to me/us, at the address provided in Section 1:
- a) with respect to fixed amount PADs, written notice of the amount to be debited (the "Payment Amount") and the date(s) on which the Payment Amount debited will be posted to my/our Account (the "Payment Date"), at least ten calendar days before the Payment Date of the first PAD, and such notice shall be provided every time there is a change in the Payment Amount or the Payment Date(s):
 - b) with respect to variable amount PADs, written notice of the Payment Amount and the Payment Date(s), at least ten calendar days before the Payment Date of every PAD; and
 - c) with respect to a PAD plan that provides for the issuance of a PAD in response to a direct action of mine/ours (such as, but not limited to, a telephone instruction) requesting the Payee to issue a PAD in full or partial payment of a billing received by me/us for a payment obligation that meets the requirements of Section 2 or Rule H4, no notice is required.
9. The Payee may issue a PAD monthly in a dollar amount up to a maximum of \$ (insert the monthly school fee amount).
10. I/We acknowledge that the Processing Institution is not required to verify that a PAD has been issued in accordance with the particulars of the Authorization including, but not limited to, the amount, or that any purpose of payment for which the PAD was issued has been fulfilled by the Payee as a condition to honouring a PAD issued or caused to be issued by the Payee on the Account.
11. Revocation of the Authorization does not terminate any contract for goods or services that exists between me/us and the Payee. The Authorization applies only to the method of payment and does not otherwise have any bearing on the contract for good or services exchanged.
12. I/We may dispute a PAD only under the following conditions:
- 1) The PAD was not drawn in accordance with the Authorizations;
 - 2) The Authorization was revoked; or
 - 3) Pre-notification, as required under Section 9 was not received.
- I/We acknowledge that in order to be reimbursed, a declaration to the effect that either (1), (2), or (3) took place, and must be completed and presented to the branch of the Processing Institution holding the Account up to and including 90 calendar days after the date on which the PAD in dispute was posted to the Account.
- I/We acknowledge that when disputing any PAD beyond the time allowed in this section, it is a matter to be resolved solely between me/us and the Payee, outside the payments system.
13. I/We agree that the information contained in the Authorization may be disclosed to the Royal Bank of Canada, as required to complete any PAD transaction.
14. I/We agree that payment for past due school fees and any incurred bank charges are due upon notice of NSF/Closed Accounts. If the account remains in arrears on the 1st of the following month, my child will not be able to attend classes until the balance is paid in full.
15. I/We understand and accept the terms of participating in the PAD plan.

Authorized Signature: _____

Please print name in full: _____ Date: _____