

# De Winton Community Preschool

Registration Form  
2022-2023 School Year



*FOR SCHOOL USE ONLY:*

*Date Received:* \_\_\_\_\_

*Time Received:* \_\_\_\_\_

*Registration & Tuition Fees Collected* YES NO

*Returning Family* YES NO

*Class Preference:* \_\_\_\_\_

*Student Name:* \_\_\_\_\_

PLEASE NOTE THAT ALL INFORMATION MUST BE COMPLETED

ALBERTA CHILDREN AND YOUTH SERVICES STATES THAT DE WINTON  
COMMUNITY PRESCHOOL IS NOT ALLOWED TO HAVE A CHILD IN  
ATTENDANCE WITH INCOMPLETE REGISTRATION FORMS.

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## REGISTRATION FOR

Please Check Class Preference

3 Year Old Program (Tuesdays & Thursdays)

AM Class: 9:00am – 11:30am

3 & 4 Year Old Mixed Program (Tuesdays & Thursdays)

PM Class: 12:00pm – 2:30pm

Registering as a 3 year old (plan to complete a second year of Preschool before entering Kindergarten)

Registering as a 4 year old (plan to attend Kindergarten next year)

\* There are some variations in classwork for 3 and 4 year olds so this will help our staff plan accordingly

4 Year Old Program (Mondays & Wednesdays)

AM Class: 9:00am – 12:00pm

*Note: Students must meet the required program age on or before December 31, 2022 – there will be NO exceptions.*

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# STUDENT INFORMATION

Student's Surname: \_\_\_\_\_

Student's First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Month

Day

Year

Gender: \_\_\_\_\_

Street Address:

(Street/Blue Sign) \_\_\_\_\_

(City/Town) \_\_\_\_\_

(Postal Code) \_\_\_\_\_

Mailing Address (IF different than street address):

(Street/Box No.) \_\_\_\_\_

(City/Town) \_\_\_\_\_

(Postal Code) \_\_\_\_\_

Home Phone Number: (\_\_\_\_\_) \_\_\_\_\_

## PARENT/GUARDIAN CONTACT INFORMATION

**Parent/Legal Guardian Name:** \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Phone Numbers:

Daytime Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Home Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Cell Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Work Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Street Address (IF different from child's address)

(Street/Blue Sign) \_\_\_\_\_

(City/Town) \_\_\_\_\_

(Postal Code) \_\_\_\_\_

Email Address: \_\_\_\_\_

**Parent/Legal Guardian Name:** \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Phone Numbers:

Daytime Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Home Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Cell Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Work Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Street Address (IF different from child's address):

(Street/Blue Sign) \_\_\_\_\_

(City/Town) \_\_\_\_\_

(Postal Code) \_\_\_\_\_

Email Address: \_\_\_\_\_

Are there any custody/visitation arrangements?  Yes  No

If Yes, please provide details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Must be someone, other than the student's parents, who lives within **30 minutes** of the preschool, who can pick up the student in the case of an emergency if/when the parents are not reachable, and is also authorized to pick up student if parent has arranged student pick up in a non-emergency situation. **(Person will be required to show picture ID to pick up student).**

First Emergency Contact Person:

Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Phone Numbers:

Daytime Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Other Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Street Address:

(Street/Blue Sign) \_\_\_\_\_

(City/Town) \_\_\_\_\_

(Postal Code) \_\_\_\_\_

Second Emergency Contact Person:

Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Phone Numbers:

Daytime Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Other Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Street Address:

(Street/Blue Sign) \_\_\_\_\_

(City/Town) \_\_\_\_\_

(Postal Code) \_\_\_\_\_

## ADDITIONAL CONTACT INFORMATION

Babysitter/Day Home/Nanny: (If Applicable)

**(Person will be required to show picture ID in order to pick up student)**

Name: \_\_\_\_\_

Phone Numbers:

Daytime Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Other Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Street Address:

(Street/Blue Sign) \_\_\_\_\_

(City/Town) \_\_\_\_\_

(Postal Code) \_\_\_\_\_

Persons authorized to pick up student: (If Applicable)

**(Other than parents & emergency contacts. Person will be required to show picture ID.)**

Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Phone Numbers:

Daytime Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Other Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Street Address:

(Street/Blue Sign) \_\_\_\_\_

(City/Town) \_\_\_\_\_

(Postal Code) \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Phone Numbers:

Daytime Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Other Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Street Address:

(Street/Blue Sign) \_\_\_\_\_

(City/Town) \_\_\_\_\_

(Postal Code) \_\_\_\_\_

## STUDENT MEDICAL INFORMATION

Are immunizations up to date?  Yes  No

Severe Allergies:  Yes  No

If Yes, please list allergens: \_\_\_\_\_  
\_\_\_\_\_

If Yes, does the student require an EpiPen and/or medication?

Yes  No

If Yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

*(Note: Our school policy requires a signed Medication Release Form and an EpiPen be kept at the preschool at all times)*

Serious Medical Conditions:  Yes  No

If Yes, please list and describe: \_\_\_\_\_  
\_\_\_\_\_

Does the student require medication?  Yes  No

If Yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

*(Note: Our school policy requires a signed Medication Release Form be kept at the preschool at all times)*

Are there any foods and/or drinks that the student should not have?

Yes  No

If Yes, please list: \_\_\_\_\_  
\_\_\_\_\_

Reason: \_\_\_\_\_  
\_\_\_\_\_

## ADDITIONAL STUDENT INFORMATION

Who lives in the student's home? Parent/guardians, siblings?

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Has the student attended preschool before?  Yes  No

Does the student have any health issues (physical, emotional, psychological) that the staff should be aware of?  Yes  No

If Yes, please describe: \_\_\_\_\_

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Does the student have any issues with vision, hearing and/or speech?

Yes  No

If Yes, please describe: \_\_\_\_\_

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Do you have any concerns about any aspect of the student's development?

Yes  No

If Yes, please describe: \_\_\_\_\_

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Does the student play well alone?  Yes  No

Does the student play well in groups?  Yes  No

What are the student's favourite activities? \_\_\_\_\_

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Is there anything else you would like us to know about the student? \_\_\_\_\_

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Please check the words below that best describe the student:

- |   |  |
|---|--|
| <input type="checkbox"/> Happy          | <input type="checkbox"/> Assertive     |
| <input type="checkbox"/> Friendly       | <input type="checkbox"/> Moody         |
| <input type="checkbox"/> Accident Prone | <input type="checkbox"/> Dependent     |
| <input type="checkbox"/> Stubborn       | <input type="checkbox"/> Impulsive     |
| <input type="checkbox"/> Fearful        | <input type="checkbox"/> Quiet         |
| <input type="checkbox"/> Sleepy         | <input type="checkbox"/> Attentive     |
| <input type="checkbox"/> Sympathetic    | <input type="checkbox"/> Shy           |
| <input type="checkbox"/> Good Natured   | <input type="checkbox"/> Even Tempered |
| <input type="checkbox"/> Anxious        | <input type="checkbox"/> Compassionate |
| <input type="checkbox"/> Verbal         | <input type="checkbox"/> Physical      |

What do you hope the student will gain from the preschool program?

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How did you find out about the De Winton Community Preschool?

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Please contact the preschool throughout the year if there are any changes in the student's life that we should be aware of.

I/We, \_\_\_\_\_ (*parent/guardian name*) hereby state that all of the information provided on this registration form is true and that I/we agree to notify De Winton Community Preschool of any changes:

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## **Tuition Information**

In January 2022, the *Federal-Provincial Child Care Agreement* came into effect. Families will see a reduction in their child care costs through Affordability Grants.

### **Affordability Grant**

The Affordability Grants are provided directly to child care operators so they can lower parent fees for all families in their program. Funding is provided for each child based on age range and type of care. Preschool programs have a set rate of \$75 per month per child. Parents do not need to apply to benefit from this fee reduction.

For more information, please visit <https://www.alberta.ca/federal-provincial-child-care-agreement.aspx>

### **Subsidy Program**

Some families may also qualify for the Subsidy Program. If you are eligible, each family must complete an application online. If a family qualifies for the Subsidy, the Preschool program will be notified and the Subsidy funding will be returned by the Preschool to families via cheque in the following month.

To find out more information, and to apply if you are eligible, please visit <https://www.alberta.ca/child-care-subsidy.aspx>.

## TUITION FEES: (3 YEAR and 3\4 MIXED AGE PROGRAM)

Please choose one of the following payment options.

### PAYMENT OPTION #1: Monthly Payments

Registration Fee	\$100.00
De Winton Community Association Fee	\$21.00
September Payment (\$154.50 Base Tuition less \$75 Affordability Grant)	\$79.50
<b>Total Due at Time of Registration</b>	<b>\$200.50</b>

At time of Registration, please include postdated cheques for:

October 1, 2022	\$79.50
November 1, 2022	\$79.50
December 1, 2022	\$79.50
January 1, 2023	\$79.50
February 1, 2023	\$79.50
March 1, 2023	\$79.50
April 1, 2023	\$79.50
May 1, 2023	\$79.50
June 1, 2023	\$79.50
<b>Yearly Total:</b>	<b>\$916.00</b>

Tuition Fees: (Base Tuition of \$154.50/month less Affordability Grant of \$75.00/month)  
Yearly total before Affordability Grant: \$1666.00

### PAYMENT OPTION #2: Lump Sum Payment

Registration Fee	\$100.00
De Winton Community Association Fee	\$21.00
Lump Sum Payment (Base Tuition of \$1545.00 less Affordability Grant of \$750)	\$795.00
<b>Total Due at Time of Registration</b>	<b>\$916.00</b>

Important:

- Make cheques payable to De Winton Community Preschool
- While we expect the Affordability Grant to continue, if the grant is cancelled, each family is responsible for the full tuition amount of \$154.50/month
- First Month payment, Registration fee and De Winton Community Association fees are non-refundable
- Postdated cheques must be handed in with completed registration forms
- When a family registers two or more children for the same school year, only one De Winton Community Association fee will be required. The Registration Fee, however, applies to every child who registers
- When a student is registered in the preschool then the family's De Winton Community Association fees are paid through the preschool and do not need to be paid again later in the year
- There will be a \$25.00 administration charge for N.S.F. cheques

## TUITION FEES: (4 YEAR PROGRAM)

Please choose one of the following payment options.

### PAYMENT OPTION #1: Monthly Payments

Registration Fee	\$100.00
De Winton Community Association Fee	\$21.00
<u>September Payment (\$180.25 Base Tuition less \$75 Affordability Grant)</u>	<u>\$105.25</u>
<b>Total Due at Time of Registration</b>	<b>\$226.25</b>

At time of Registration, please include postdated cheques for:

October 1, 2022	\$105.25
November 1, 2022	\$105.25
December 1, 2022	\$105.25
January 1, 2023	\$105.25
February 1, 2023	\$105.25
March 1, 2023	\$105.25
April 1, 2023	\$105.25
May 1, 2023	\$105.25
<u>June 1, 2023</u>	<u>\$105.25</u>
Yearly Total:	\$1173.50

Tuition Fees: (Base Tuition of \$180.25/month less Affordability Grant of \$75.00/month)  
Yearly total before Affordability Grant: \$1923.50

### PAYMENT OPTION #2: Lump Sum Payment

Registration Fee	\$100.00
De Winton Community Association Fee	\$21.00
Lump Sum Payment (Base Tuition of \$1802.50 less Affordability Grant of \$750)	\$1052.50
<b>Total Due at Time of Registration</b>	<b>\$1173.50</b>

Important:

- Make cheques payable to De Winton Community Preschool
- While we expect the Affordability Grant to continue, if the grant is cancelled, each family is responsible for the full tuition amount of \$180.25/month.
- First Month payment, Registration Fee and De Winton Community Association fees are non-refundable
- Postdated cheques must be handed in with completed registration forms
- When a family registers two or more children for the same school year, only one De Winton Community Association fee will be required. The Registration Fee, however, applies to every child who registers
- When a student is registered in the preschool then the family's De Winton Community Association fees are paid through the preschool and do not need to be paid again later in the year
- There will be a \$25.00 administration charge for N.S.F. cheques.

## **OFF SITE ACTIVITY PERMISSION**

I, \_\_\_\_\_ (*parent/legal guardian name*) hereby give permission for \_\_\_\_\_ (*student's name*) to attend and participate in activities outside of the De Winton Community Hall, while remaining on the property owned by the De Winton Community Association. This includes the paved area north of the Preschool classroom, green spaces adjacent to the Hall and the playground equipment. Activities may include playing on playground equipment, running, jumping, using outdoor toys, and playing in the snow. Children may be outside approximately 20-60 minutes on days that the space is utilized and is dependent on the weather. The children are supervised by the teaching staff and walk in single file to the outdoor green space areas. The teachers plan activities on the grassy areas and children are instructed on the area in which they must stay. The teachers may allow the children to play on the play structures at the playground if they are in the recommended age (2-12) and are suitable for the abilities of the child. When children are playing on the equipment, the teachers will ensure they maintain visibility of the children. A sign will be posted in the hall lobby to notify parents that children are outside, along with the teacher cell phone number (403-852-5887).

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## **EMERGENCY PROCEDURES POLICY**

In case of emergency or in the event of sudden illness or injury, I, \_\_\_\_\_ (*parent/guardian name*) hereby authorize the staff of De Winton Community Preschool to administer first aid to \_\_\_\_\_ (*student's name*) and/or call Emergency Medical Services and contact the parents/guardian or emergency contact person. I understand and accept liability for all expenses incurred in administering emergent care for my child. In case of an accident involving my child, I hereby covenant and agree that no action of recovery of loss or damage resulting from the accident will be taken against the De Winton Community Association, the De Winton Community Preschool, parent committee members or the preschool staff unless such damages are due to proven negligence.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## **POLICY FORM**

Please initial that you have read, understood and agree with each policy as well as sign and date the final page of the policy form.

### **REGISTRATION POLICY**

A completed registration form package, signed policy forms and payment for registration and all tuition fees are required in full at time of registration.

**Parent Initial:** \_\_\_\_\_

### **CHILD GUIDANCE POLICY**

A central objective at the De Winton Community Preschool is to help children become as self-actuating as possible. Our teachers use situations that arise in the classroom to teach problem solving and appropriate behavior. Children are encouraged to ask for what they need, express their feelings in an appropriate manner and to respect the feelings and needs of others. Discipline implies punishment, which we do not practice. Guidance implies that you are going to guide the child toward more acceptable behaviors, which we do practice.

**Parent Initial:** \_\_\_\_\_

### **WITHDRAWAL POLICY**

The regularly scheduled fees will be deposited until a parent gives one calendar month's written notice to the De Winton Preschool Parent Board stating the student's withdrawal. The Registration and De Winton Community Association fees will not be returned. There is no reduction in fees for holidays, vacations, prolonged absence due to sickness or any other absences including school closures due to emergencies or inclement weather.

**Parent Initial:** \_\_\_\_\_

### **IMMUNIZATION POLICY**

I understand that if I have chosen not to immunize my child, he/she may be required to stay at home if another child in the class is suspected of having a communicable disease.

**Parent Initial:** \_\_\_\_\_

### **VOLUNTEER POLICY**

I hereby agree to volunteer for approximately 4-6 "Classroom Helper" days throughout the school year as described in the "Parent Involvement Requirements" in the De Winton Community Preschool Parent Handbook.

If I am unable to attend one of my assigned days, I will attempt to switch days with another parent (please notify the teachers of any switches), or I will notify the parent board at least two weeks in advance that I will be unable to attend my "Classroom Helper" day. In this case, the parent board will attempt to find a replacement "Classroom Helper".

*Note: Volunteer opportunities may be modified as per Public Health guidelines*

**Parent Initial:** \_\_\_\_\_

**PHOTO RELEASE POLICY**

I hereby give permission to the De Winton Community Preschool to take and display photographs and/or video of my child for school pictures, yearbooks, and special occasions as noted on the class calendar.

**Parent Initial:** \_\_\_\_\_

**CLASS LIST CIRCULATION POLICY**

Class lists with the student’s names, parent’s names, email addresses and phone numbers may be sent home in each class as a service to families. The intent of these class lists is:

- To email monthly newsletters, volunteer schedules and other pertinent information to parents
- For parents to contact one another to switch volunteer days, etc.
- In case of inclement weather, to cancel class

**Parent Initial:** \_\_\_\_\_

If you **do not want** your child’s information circulated, please inform the De Winton Community Preschool Parent Committee

**PRIVACY POLICY**

The De Winton Community Preschool will collect and use personal information only for the purposes of delivering and supporting the educational and child care services that we provide to you and your child, including: educational services, activities and programs, student health and safety including emergencies and communication with student families. Parent or guardian name and contact information is shared with the De Winton Community Association (DCA) for purposes of their annual membership list and is used for communication to the membership.

**Parent Initial:** \_\_\_\_\_

**PARENT HANDBOOK**

I have received a copy of the De Winton Community Preschool Parent Handbook.

**Parent Initial:** \_\_\_\_\_

**I have read, understood and I agree to comply with the policies listed above as well as those listed in the De Winton Community Preschool Parent Handbook.**

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**