

## REGISTRATION FORM

**CHILD'S FULL NAME:**

Registration Checklist for Parents and Guardians:

- A completed and signed Registration Forms
- Registration fee of \$100.00 (non-refundable)
- Material fee of \$100.00 (non-refundable)

|                               |                         |
|-------------------------------|-------------------------|
| <b>Country Hills Location</b> | <b>Skyview Location</b> |
|-------------------------------|-------------------------|

|  |               |                          |               |                  |              |
|--|---------------|--------------------------|---------------|------------------|--------------|
|  | Age 2.5 – 3.5 | 2 days Program AM        | Tues & Thurs  | 8:20am - 11:30am | \$ 200/month |
|  | Age 2.5 – 3.5 | 2 days Program PM        | Tues & Thurs  | 12:20pm – 3:30pm | \$ 200/month |
|  | Age 3.5- 5    | Jr. KG 3 days Program AM | Mon, Wed, Fri | 8:20am - 11:30am | \$ 265/month |
|  | Age 3.5 - 5   | Jr. KG 3 days Program PM | Mon, Wed, Fri | 12:20pm - 3:30pm | \$ 265/month |
|  | Age 3.5 - 5   | Jr. KG 5 days Program AM | Mon - Fri     | 8:20am - 11:30am | \$ 380/month |
|  | Age 3.5 - 5   | Jr. KG 5 days Program PM | Mon - Fri     | 12:20pm - 3:30pm | \$ 380/month |

Program Fees are based on a yearly fee divided into 12 monthly payments for the full months of September to August. Although some months are longer than others, or holidays fall within the month, there is no prorating of fees. Fees are calculated by the cost to run the program per child for the full school year. (New grants are applied on fees)

**FEE PAYMENT OPTIONS:**

- We accept payment by cheque(s)
- E-Transfer by 1<sup>st</sup> of each month (e transfer instructions will be provided)
- Pay cash monthly by 1<sup>st</sup> of each month.

1. There will be a \$50.00 charge for all returned cheques and this charge will be strictly enforced.
2. All fees must be paid before or on the first of each month or else late payment charges of \$10.00 per day will apply.
3. Purple Potamus Preschool will not reduce fees or provide refunds for days that the child does not attend due to illness, family holidays, statutory holidays or any other reason for which the Preschool is not responsible.

**REGISTRATION IS CONSIDERED COMPLETED AND A SPOT IS GUARANTEED ONLY IF ALL OF THE ABOVE ARE SUBMITTED**

I/We have read and agreed to the terms outlined above:

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date of commencement: \_\_\_\_\_

**STUDENT INFORMATION:**

Child's Full Name: \_\_\_\_\_

Date of birth: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_  Male  Female

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Sibling's Names and Ages: \_\_\_\_\_

Has your child attended a preschool/daycare before? \_\_\_\_\_

What language(s) are spoken at home? \_\_\_\_\_

Is there any information that the preschool should know which would help the teacher work effectively with your child? \_\_\_\_\_

Please indicate if your child is receiving funding and will be attending with an assistant?

Yes • No •

Our child may require an assistant but it is not known at this time •

**ALLERGIES & VACCINATION INFORMATION:**

**Alberta Health Care Number:** \_\_\_\_\_ **(Mandatory)**

Is immunization up to date? Yes • No •

Allergies and Reactions ( if applicable)

\_\_\_\_\_

Is your child receiving any on-going medication? Please specify name and dosage and the purpose of which it is given. Purple 'Potamus Preschool will not administer any oral medications at school.

\_\_\_\_\_

(For us to administer EpiPen or Ventolin, you must fill up the consent form first)

Is there any health problems that the preschool should be aware of (e.g. Diabetes, Epilepsy etc.)

Yes • No •

If Yes, details: \_\_\_\_\_

1. Does your child have:

Speech delay? Yes • No •

Hearing difficulty? Yes • No •

Problems with vision? Yes • No •

Skin condition? Yes • No •

If yes, please provide details:

**PARENT INFORMATION:**

**Parent #1 (or Legal Guardian)** \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code \_\_\_\_\_

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

Home Phone# \_\_\_\_\_ Work/Cell Phone# \_\_\_\_\_

**Parent #2 (or legal Guardian)** \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code \_\_\_\_\_

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

Home Phone# \_\_\_\_\_ Work/Cell Phone# \_\_\_\_\_

Are parents living together? Yes • No •  
If no, who has custody of child during preschool hours?

\_\_\_\_\_

Is there any person NOT allowed access to your child Yes • No •  
Please provide details: \_\_\_\_\_

*Please note: In case of custody battle, the parent is required to provide legal court papers.*

**RELEASE OF LIABILITY:** I hereby consent Purple Potamus Preschool & Jr Kindergarten to have care and custody of my child during the times registered, and hereby recognizes and acknowledges that Purple Potamus Preschool & Jr Kindergarten will not be responsible for personal injury. I give permission for the staff at Purple Potamus Preschool & Jr Kindergarten to administer first aid to my child if there is a minor injury. In the event that the injury of my child requires further medical attention, and I cannot be located, I hereby consent Purple Potamus Preschool & Jr Kindergarten calling an ambulance if deemed necessary. It is my responsibility for any costs incurred. It is my responsibility to inform the school for any changes to our address, phone numbers (home & work) emergency contacts, or anything that maybe important concerning the well-being of my child (i.e. illness/death in the family, divorce or separation etc.) It is my responsibility to inform the school daily (school app) if my child is sick until the child returns to school and to keep my child at home if he/she is showing flu like symptoms. It is my responsibility to inform the school if my child is expected to be away for 3 days or more at any time other than during winter or spring breaks. NO refunds for absences or extended leaves (i.e. vacations) I also grant my child to participate in attending field trips as part of my child’s learning program.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EMERGENCY CONTACT & PICK UP AUTHORIZATION**

(Persons other than the parents, who are available during school hours to pick up the child in an emergency when parents cannot be contacted):

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_ Cell: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_ Cell: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Address: \_\_\_\_\_

I CONFIRM THE INFORMATION I HAVE PROVIDED IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

HOW DID YOU HEAR ABOUT US?

- Friend
- Website
- Social Media
- Road Signage
- TV Add
- Front Signage
- Other \_\_\_\_\_

## DISCIPLINE POLICY

**Praise and positive reinforcement are effective methods of behavior management of children. When children receive positive, non violent, and understanding interactions from adults and others, they develop good self concepts, problem solving abilities, and self-discipline. Based on this belief of how children learn and develop values,**

**Purple 'Potamus Preschool & Jr Kindergarten will practice the following discipline and behavior management policy.**

| We Do  | We Do NOT  |
|--|--|
| Praise, reward, and encourage the children.  | Spank, shake, bite, pinch, push, pull, slap or otherwise physically punish the child.                                  |
| Reason with and set limits for the children.                                       | Make fun of, yell at, threaten, make sarcastic remarks about, use profanity, or otherwise verbally abuse the children. |
| Model appropriate behavior for the children.                                       | Do not shame or punish the children when bathroom accidents occur.   |
| Modify the classroom environment to attempt to prevent problems before they occur. | Deny food or rest as punishment.   |
| Listen to the children.  | Relate discipline to eating, resting, or sleeping.   |
| Provide alternatives for inappropriate behavior to the children.                   | Leave the children alone, unattended or without supervision.   |
| Provide the children with natural and logical consequences of their behaviors.     | We do not give time out.   |
| Treat the children as people and respect their needs, desires, and feelings.       | Criticize, make fun of, or otherwise belittle children's parents, families, or ethnic groups.                          |
| Ignore minor misbehaviors.   |  |
| Explain things to the children on their levels.                                    |  |
| Use short supervised periods of "breaks".  |  |
| Try to stay consistent in our behavior management program.                         |  |

Conferences will be scheduled with parents if disciplinary problems occur. If a child's behavior consistently endangers the safety of the children around him/her, then the Director has the right to, after meeting with the parents and documenting behavior problems and interventions, terminate child care services for that particular child.

I have read and agreed with the Discipline Policy in Purple 'Potamus Preschool & Jr. Kindergarten.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director's Signature

\_\_\_\_\_  
Date

# Child's Name:

## PURPLE 'POTAMUS PRESCHOOL & JR. KG

### PORTABLE EMERGENCY INFORMATION RECORD

YEAR

CLASS

|                                    |                    |                            |  |
|------------------------------------|--------------------|----------------------------|--|
| Child's Name:                      |                    | Birth Date:                |  |
| Child Home Address:<br>Postal Code |                    | Home & Cell<br>Phone #s:   |  |
| Parent #1 (or Legal Guardian):     |                    | Home Phone:<br>Cell Phone: |  |
| Address:                           |                    | Email:                     |  |
| Parent #2 (or Legal Guardian)      |                    | Home Phone:<br>Cell Phone: |  |
| Address:                           |                    | Email:                     |  |
| 1. Emergency contact Name          |                    | Home Phone:<br>Cell Phone: |  |
| Relationship to the child          |                    | Address:                   |  |
| 2. Emergency Contact Name          |                    | Home Phone:<br>Cell Phone: |  |
| Relationship to the child          |                    | Address:                   |  |
| Is immunization up to date         | Yes _____ No _____ |                            |  |
| Allergies:                         |                    | Reactions:                 |  |
| Med at Home:                       |                    |                            |  |
| Start Date:                        |                    | Finish Date:               |  |
| Comments:                          |                    |                            |  |

# Student Media Consent Form and Participation Agreement

## Participation Agreement to email and publish my child’s work, photographs or videos via HiMama App

Please read this page carefully as it includes information about safety and security issues associated with privacy.

In the interest of safety and security we require parent permission for the publishing of children’s work, photographs or videos through a software program called HiMama (the “Program”). By signing this form you grant permission for us to photograph or video your child for the purposes of sharing this information with you through the Program. You will also receive updates and information about your child through the program to the email you have provided herein. Note that sometimes other children in the center may feature in photos, videos or stories of your child. By giving your consent you agree not to share photos or video of any child, other than your own, outside the Program without permission. To learn more about the Program, please visit [www.himama.com](http://www.himama.com). Please complete, sign, and return this form to the preschool if you wish to participate. We encourage you to contact us if you have any questions.

I hereby acknowledge that I wish to voluntarily participate in the Program.

|                      |
|----------------------|
| CHILD’S NAME:        |
| PARENT/GUARDIAN NAME |
| EMAIL:               |

PARENT/GUARDIAN SIGNATURE

DATE