



## REGISTRATION FORM

Registration Checklist for Parents and Guardians:

- a completed and signed Registration Forms
- First month fee and \$100.00 non refundable fee

**CHILD'S FULL NAME:**

<b>Country Hills Location</b>	<b>Skyview Location</b>
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	Age 2.5 – 3.5	2 days Program AM	Tues & Thurs	8:20am - 11:30am	\$ 250/month
	Age 2.5 – 3.5	2 days Program PM	Tues & Thurs	12:20pm – 3:30pm	\$ 250/month
	Age 3.5- 5	Jr. KG 3 days Program AM	Mon, Wed, Fri	8:20am - 11:30am	\$ 300/month
	Age 3.5 - 5	Jr. KG 3 days Program PM	Mon, Wed, Fri	12:20pm - 3:30pm	\$ 300/month
	Age 3.5 - 5	Jr. KG 5 days Program AM	Mon - Fri	8:20am - 11:30am	\$ 410/month
	Age 3.5 - 5	Jr. KG 5 days Program PM	Mon - Fri	12:20pm - 3:30pm	\$ 410/month

Program Fees are based on a yearly fee divided into 10 monthly payments for the full months of September to June. 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.

**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 \$5.00 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 or any other reason for which the Preschool is not responsible.

**REGISTRATION WILL NOT BE ACCEPTED UNTIL ALL FORMS ARE SUBMITTED WITH A NON-REFUNDABLE REGISTRATION FEE AND FIRST MONTH FEE.**

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

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

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



# Purple Potamus

Preschool and Junior Kindergarten

A Journey of Creativity & Learning

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 •

## PARENT INFORMATION:

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

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

Email: \_\_\_\_\_ Cell# \_\_\_\_\_

Work Place: \_\_\_\_\_ Work Phone# \_\_\_\_\_

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

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

Email: \_\_\_\_\_ Cell# \_\_\_\_\_

Work Place: \_\_\_\_\_ Work 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.*

**ALLERGIES & VACCINATION INFORMATION:**

**Alberta Health Care Number:** \_\_\_\_\_

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:

**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 or loss. 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. 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 particular 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

**Name:**

**PURPLE 'POTAMUS PRESCHOOL & JR. KG**

PORTABLE EMERGENCY INFORMATION RECORD YEAR CLASS

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Child's Name:		Birth Date:	
Child Home Address: Postal Code		Home & Cell Phone #s:	
Parent #1 (or Legal Guardian):		Home Phone: Cell Phone:	
Address:		Email:	
Parent #2 (or Legal Guardian)		Home Phone: Cell Phone:	
Address:		Email:	
1.Emergency contact Name		Home Phone: Cell Phone:	
Relationship to the child		Address:	
2.Emergency Contact Name		Home Phone: Cell Phone:	
Relationship to the child		Address:	
Is immunization up to date	Yes_____No_____		
Allergies:		Reactions:	
Med at Home:			
Start Date:		Finish Date:	
Comments:			