

**Clymont Playschool - A Division of Parents That Care Association
Registration Form**

1. Child's Information

Child's Name: _____ Sex M F
Name you wish your child to use: _____ Date of birth: _____
Number of Siblings: _____ Names & Ages: _____

2. Family Information

Mother's Name: _____ Phone: _____
Address: _____ Cell#: _____
Email: _____ Work#: _____
Occupation: _____

Father's Name: _____ Phone: _____
Address: _____ Cell#: _____
Work#: _____
Email: _____
Information same as Mother's (please check)
Occupation: _____

Child lives with (please circle) Father Mother Both Guardian

If guardian, please provide: Name: _____ Phone: _____
Address: _____ Cell#: _____
Work#: _____

Are there any special custody/access arrangements we need to be aware of, please specify and provide copy of original document. _____

Authorized person's to whom the child may be released (please provide two)

Name: _____ Relationship: _____ Phone: _____
Address: _____

Name: _____ Relationship: _____ Phone: _____
Address: _____

Parent /Guardian Signature: _____ Date: _____

3. Medical Information/History

Family Physician: _____ Phone: _____

Address: _____

Emergency Contact Persons (Please provide two)

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Relevant medical history: (Allergies, previous operations, childhood diseases etc.) Please specify:

Please list all allergies and the reactions: _____

Is your child on any long term medications? Please specify _____

Are there any areas of special concern (developmental, physical, health or speech) Please specify:

Are your child's immunizations current? If not please specify _____

4. Emergency Transportation

In the event of a medical emergency, appropriate health care will be provided and parents/guardians as well as the family doctor will be notified at once. The child may require transportation to the nearest medical facility, this may be by ambulance. Any costs incurred by such transportation will be paid by the parent(s) or legal guardian.

I give permission for _____ to be transferred by ambulance in the event of injury. I take responsibility for any transportation costs.

Signature: _____ Date: _____

Relationship: _____

5. Other Relevant Information

What is your child's typical reaction to stress or illness?

Do you suspect any problems which the teacher needs to be made of regarding discipline, interacting etc?

Do you have any interests, which may be called upon during the school year for special guest appearances?

Do you have a current first aid certificate and would be willing to substitute teach if required?

6. General Registration Information

Class Preferred	Mon/Wed	3yr
	Tues/Thurs	4yr

The Clymont Playschool is a non-profit group and a Division of Parents That Care Association. We depend on parent volunteers to organize and run all the necessary functions of Playschool except for the actual teaching. **EVERY** Parent needs to get involved for a successful year. We have an executive and non-executive list of volunteer positions. Please choose a minimum of 2 positions that you are prepared to help with in a preferred order. If by September registration meeting all positions are not filled, playschool could be cancelled altogether.

Executive

President
Vice-President
Secretary
Treasurer (Bank in Devon)

Non-Executive

Party Parents (2 per Class)
Laundry Parent
Recycling Parent & Picture/Laminator Parent
Scholastic Book Orders
Library Maintenance
Christmas Craft Sale Concession Lead
Halloween Dance Lead
Third Fundraiser (Wine Raffle) Lead
Phoning/Roster Parent & Bingo Reminder Parent

1.

2.

Parent Signature: _____ Date: _____

7. Responsibilities/Obligations

Please read through the Clymont Playschool "Handbook for Parents – A Guide to the Policies and Procedures for the School" carefully. Then fill out this section.

I, the undersigned, agree to be responsible for helping run Clymont Playschool on a strictly volunteer basis by:

1. I will pay the registration fees and raise funds through fundraising sufficient to cover all expense listed on the budget. If I cannot attend or participate in my fundraising commitments, it is my responsibility to find an alternate person to fulfill the commitment on my behalf, not the fundraising lead.
2. I will work my share of Parent Helper Days set out by the Playschool Executive. If I cannot attend on my assigned date due to a prior commitment or illness, even the day of, it is my responsibility and not the Teacher's to contact other parents to trade. An RCMP criminal records check completed within the last 3 years is required to participate as a Parent Helper and a copy will be provided to the Teacher.
3. I will volunteer to be an active part of the Executive or committee member as detailed on the list of Parent Volunteer Responsibilities (Section 6 of this registration form).
4. I agree to work the Mandatory Bingo(s) as required by **ALL** Playschool parents. It is my responsibility to trade or find a replacement for the date I have agreed to if I become unable. If I fail to show up the Bingo commitment cheque of \$150.00 will be cashed. If I cannot attend my bingo commitment or find an alternate worker on my behalf and wish to have my \$150.00 commitment cheque cashed, I will let the Roster Parent know at least one month in advance.
5. I understand the importance of good hygiene and agree to participate in the monthly toy cleaning. I understand that, depending upon enrolment I may have to help more than once.
6. I am also aware of the penalties for not fulfilling my obligations, as per the "Handbook for Parents – A Guide to the Policies and Procedures for the School."
7. My child can participate in any playschool activity, taking place within the playschool room and the grounds surrounding the playschool.

Summary of Parent Volunteer Commitments:

- Bingo(s)
- Toy Cleaning
- Parent Helper Days
- Participation in Party Potlucks
- Halloween Dance
- Clymont Christmas Craft Sale Concession
- Wine Raffle (or other chosen fundraisers)

Signature: _____

Date: _____

8. Discipline Policy Consent

I have read and understood the discipline policy of the playschool. I am in agreement with this form of discipline, and agree to supervise my child during class time if my child has repetitive undesirable behaviour.

Child's Name: _____

Parent/Legal Guardian Name and Signature: _____

Date: _____

9. Photography Release

I give permission for the use of my child's photo in the Clymont Playschool Newsletter, Community League Newsletter or other promotional materials (please circle) YES NO

Child's Name: _____

Parent/Legal Guardian Name and Signature: _____

Date: _____

10. FOIP Release

I give permission for my name, my child's name and phone number to be used for the playschool purpose only.

I DO NOT give permission for my name, my child's name and phone number to be used for playschool purposes

Child's Name: _____

Parent/Legal Guardian Name and Signature: _____

Date: _____

11. School Fees

Total school fees (including \$50.00 deposit and \$15.00 Clymont membership fee) = \$780.00

Payment Options: Please check off which option you prefer.

One time payment - \$780.00 at AGM/registration evening in August/September 2017

Two payments - \$397.50 at AGM/registration evening in August/September 2017 and a post-dated cheque for \$382.50 for January 1st, 2018

Monthly payments – 9 monthly post-dated cheques from September 2017 to May 2018 for \$88.00 each (includes small processing fee)

Are you a stay-at-home parent? If so, do you know that you may be eligible for subsidy? For more information, check out <http://humanservices.alberta.ca/financial-support/15679.html#stay> and for the application form check out <http://humanservices.alberta.ca/documents/CDEV2127.pdf>

12. Portable Emergency Information Record Clymont Playschool

Child's Name: _____ Date of Birth: _____

Address: _____

Parent/Legal Guardian Name: _____ Address: _____

Home Phone: _____

Cell Phone: _____

Parent/Legal Guardian Name: _____

Address(If different from above): _____

Home Phone: _____

Cell: _____

Parents/Legal Guardian can be reached during daytime at: _____

Parent/Guardian Name: _____ Phone: _____

Parent/Guardian Name: _____ Phone: _____

Emergency contact other than Parents: _____

Name: _____ Phone: _____ Address: _____

Relationship: _____

Other Health Information: _____

Family Physician: _____ Phone: _____

Allergies: _____

Medical history, on-going medication/treatment/special concerns or circumstances: _____

Is the Child's immunization up to date? _____

Parent/Guardian Signature: _____

Date: _____