



Preschool Registration Form 2019-2020 School Year

Child's Information

Legal Child's Name: _____ Boy or Girl: _____
(First) *(Last)*

Preferred Name: _____

Primary Address: _____
(Street) *(Town)* *(Postal Code)*

Birthdate: _____ Primary Phone Number: _____
(Month/Date/Year)

Parent's Information

Parent/Guardian: _____

Parent/Guardian: _____

Relation to Child: _____

Relation to Child: _____

Address: _____

Address: _____

(If different from child)

(If different from child)

Email: _____

Email: _____

Phone Numbers

(Home) _____

Phone Numbers

(Home) _____

(Cell) _____

(Cell) _____

(Work) _____

(Work) _____

State any custody information, if applicable *(Attach supporting papers)*

Emergency Contacts

In the event that the parent(s)/ guardian(s) cannot be reached. **Within close proximity to Morinville.**

Contact Adult

Name: _____

Phone: _____

Address: _____

Medical Information

Legal Child's Name: _____

Name of Family Doctor: _____

Doctor's Address: _____ Doctor's Phone Number: _____

Child's Alberta Health Care # _____ Immunization's up to date? YES / NO

Is your child: Right Handed / Left Handed / Ambidextrous

Does your child have any allergies? YES/ NO

Does your child use an EpiPen? YES / NO

If you circled yes, please list allergies, reactions and treatments: _____

Do any siblings have severe allergies, where traces of an item at school could affect them: Yes / No

If you circled yes, please explain: _____

Is your child receiving any medication on a regular basis? Yes / No

If you circled YES, please explain: _____

Please List any medical or health concerns that may affect your child while at school: _____

Please Note: In case of a medical emergency involving your child, Emergency Personnel will be contacted and your child may be transported by ambulance to the nearest health care facility, deemed appropriate by the emergency personnel. You will be contacted immediately once the situation is controlled, and arrangements have been made.

Morinville Tiny Tots Association cannot be held liable for any injuries obtained by the child or any costs incurred by the transportation or treatment of your child.

Consenting Parent/Guardian Signature: _____

Date: _____

Consent/Release Forms

Child's Name: _____

Photo/Media Release Form

Occasionally during the school year your child may be photographed and/ or videotaped by the teacher, classroom assistant and or local media photographers.

You have my permission to take my child's picture and/or videotape my child

Yes _____ No _____

You have my permission to take my child's picture and/or video to use for

School Art Projects _____

Local Newspaper (*print and online*) _____

Tiny Tots Newsletter _____

Tiny Tots Website _____

Social Media _____

Facebook Parent Group _____

(This group is for Parents of Tiny Tots children only. Please do not use photos from this group on your personal social media.)

Consenting Parent/Guardian Signature

Date

Walking Field Trip Release Form

I give my permission for my child to go on walking field trips within the vicinity of Morinville Tiny Tots (Example, Park, Library, Sal's Pizza, and Dentist) Notification and information on field trips will be available via the School Newsletter.

Yes _____ I give permission for my child to participate in these field trips

No _____ I do not give permission for my child to participate in these field trips

Consenting Parent/Guardian Signature

Date

Communication Preference

Throughout the year the Executive Board and Parent Reps will send out reminders and notices to parents via email, text message or telephone call. Please check off your preferred method of notification.

Email

Text Message

Telephone Call

Class Preference

- Tues/Thurs: 9:00am-11:30am – 3 year old program - \$120.00
- Tues/Thurs: 12:30pm-3:00pm – 3 year old program - \$120.00
- Mon/Wed/Fri: 9:00am-11:30am – 4 year old program - \$140.00
- Mon/Wed/Fri: 12:30pm-3:00pm – 4 year old program - \$140.00

Are you interested in being a member of the Executive Committee? Yes / No

Do you have any special talents (crafts, carpentry, etc.), or a profession (dentist, fireman, etc.), that could contribute to our classroom activities or field trips?

How did you hear about Morinville Tiny Tots? Local Newspaper Community Guide
 Family/Friend Other

Tuition Agreement

Registration Fees

\$45.00 per child or \$60.00 per family (siblings only) due upon registration and is non-refundable.

Monthly Fee

\$120.00 per month - 3 Year old Program (Tuesday/Thursday)
\$140.00 per month - 4 Year old Program (Monday/Wednesday/Friday)

10 post-dated cheques dated for the first of each month payable to Morinville Tiny Tots are due with registration. The first cheque for August 1st and the last cheque for May 1st.

NSF Fees

1st Offence: \$25.00 NSF charge to cover bank fees and administrative fees
2nd Offence: \$35.00 NSF charge to cover bank fees and administrative fees
3rd Offence: \$45.00 NSF charge which must be paid in cash along with all the outstanding monthly fees. Tiny Tots will no longer be able to accept your cheques.

Clean-up Fee

\$100.00 payable to Morinville Tiny Tots on a cheque post-dated upon sign up date with registration. Each parent/legal guardian is responsible for one toy cleaning per school year, per child enrolled in Tiny Tots. The cheque(s) will be returned after the completion of your toy cleaning(s). If you are unable to do your toy cleaning the cheque(s) will be cashed. THERE ARE NO REFUNDS OR EXCEPTIONS TO THIS POLICY. One cheque PER child enrolled in Tiny Tots is required. Any damages that occur during the cleaning of Morinville Tiny Tots must be reported to the attention of the Executive Board. Damages will be dealt with on a case by case basis and the offending person(s) can be held liable.

Withdrawal from the program

30 days written notification of withdrawal must be made to Registrar and/or Treasurer. All remaining post-dated cheques will either be shredded or returned on the child's last day of class or mailed to you. If you would like cheques returned to you, please indicate as such on your written notice. Please note that NO withdrawal requests will be accepted for the month of June and no refunds will be given if your child does not attend class in June.

I have read and accept the conditions outlined in the Registration Packet and the Tuition Agreement.

Parent Signature _____ Date _____