

# Willowby Community League Playschool Registration Form

Community League Current Membership Number: \_\_\_\_\_

**Morning Program: Please check one:**

3 year old Tues/Thurs \_\_\_\_\_

4 year old Mon/Wed/Fri \_\_\_\_\_

**CHILD'S INFORMATION**

Child's Name: \_\_\_\_\_  
Last Name First Name Middle Name

Child's Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender: Female \_\_\_\_\_ Male \_\_\_\_\_  
Month Day Year

Child's Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

**PARENT OR GUARDIAN'S INFORMATION:**

Adult #1 Name: \_\_\_\_\_

Address if different from child's: \_\_\_\_\_

Home Phone if different: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Information to appear on Class List: Yes \_\_\_\_\_ No \_\_\_\_\_

Adult #2 Name: \_\_\_\_\_

Address if different from child's: \_\_\_\_\_

Home Phone if different: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Information to appear on Class List: Yes \_\_\_\_\_ No \_\_\_\_\_

**Willowby Community League Playschool**  
Health and Emergency Information

Child's Personal Health Care Number: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Location/Address: \_\_\_\_\_

Is your child's immunization record up to date NO \_\_\_\_\_ YES \_\_\_\_\_

Name of immunization clinic \_\_\_\_\_

List all diseases your child has had (i.e. chicken pox) \_\_\_\_\_

Is your child receiving medication at home? NO \_\_\_\_\_ YES \_\_\_\_\_

Please specify name (if marked yes): \_\_\_\_\_

Does your child have any allergies? NO \_\_\_\_\_ YES \_\_\_\_\_

Please specify (if marked yes): \_\_\_\_\_

Reaction/Treatment: \_\_\_\_\_

Does your child have any food restrictions (ethical, religious, other)? If yes, please describe:

\_\_\_\_\_

Provide TWO alternate phone numbers that we may use to contact someone, in case of emergency, if parent cannot be reached:

1. Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

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

2. Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

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

# Willowby Community League Playschool Release Form

I, \_\_\_\_\_ (please print parent/guardian first and last name), hereby grant permission for my child, \_\_\_\_\_ (please print child's first and last name), to participate in the following:

**Please initial:**

**Playschool Activities:**

\_\_\_\_\_ Use of all play equipment (classroom, gym and playground) and participate in all of the activities of Willowby Community League Playschool (6315 - 184 Street NW, Edmonton)

**Field Trips:**

\_\_\_\_\_ To leave the school premises under the supervision of the teacher for neighborhood walks or field trips in a previously authorized vehicle as reported to and agreed upon by the parent/guardian.

**Photos:**

\_\_\_\_\_ To be photographed during activities with other children, in the classroom and during field trips and for my child's photos to appear on the Photo Gallery of [www.willowbycommunityleague.com](http://www.willowbycommunityleague.com) without his/her name while engaged in classroom or field trip activities.

**Class List (Privacy Policy):**

\_\_\_\_\_ For the use of my child's name and the parent/guardian name(s), address, phone numbers and email to be distributed amongst other parents/guardians in the form of class lists. This information is distributed solely for school purposes.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

**In Case of Accident or Serious Illness:**

I, \_\_\_\_\_ (please print parent/guardian first and last name), hereby grant permission for staff members to administer emergency first aid and/or take whatever steps may be necessary to obtain emergency medical care if warranted for my child, \_\_\_\_\_ (please print child's first and last name)

All staff members are required to maintain a current Standard First Aid certificate. These steps may include, but are not limited to the following:

1. Attempt to contact a parent or guardian
2. Attempt to contact the child's physician
3. Attempt to contact a parent through persons listed as emergency contacts
4. If we are unable to contact you or your child's physician, we will do any or all of the following:
  - Call another physician
  - Call an ambulance
  - Have the child taken to the nearest emergency hospital in the company of a staff member

I hereby agree that I will reimburse Willowby Community League Playschool for any expenses incurred in obtaining emergency medical care for my child.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

# Willowby Community League Playschool

## Parental Participation

### **PARENTAL PARTICIPATION:**

Please complete and return this form with your registration. There are a number of opportunities to become involved in the running of this playschool. Most tasks require limited experience. See Board Positions and Parent Committee duties below (may be subject to change)

Willowby Community League Playschool is a parent cooperative playschool; a parent/guardian is required to help out in the classroom at least once per month. Please note that no siblings or other unregistered children are allowed to attend during this time. If you are unable to fulfill your duties as a parent helper you must pay the ghost parent \$20.

### **BOARD POSITIONS:**

A volunteer Board of Directors meets monthly and oversees the day-to-day operations of the playschool. Most positions do not require experience and guidance will be provided throughout the year. Some duties may be shared. Please mark 1st, 2nd and 3rd choices.

\_\_\_\_\_ President

\_\_\_\_\_ Treasurer

\_\_\_\_\_ Registrar

\_\_\_\_\_ Field Trip Coordinator

\_\_\_\_\_ Roster Parent 3 year old

\_\_\_\_\_ Roster Parent 4 year old

\_\_\_\_\_ Special Event Coordinator

\_\_\_\_\_ Cleaning night Coordinator

### **PARENT COMMITTEES**

Please indicate as many choices as you wish, but depending on the number of volunteers you may be given only one:

\_\_\_\_\_ ghost parent 3 year old (2 required)

\_\_\_\_\_ ghost parent 4 year old (2 required)

I understand my family's obligations are necessary for the continued operation of Willowby Community League Playschool.

Name of parent/guardian (please print) \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

# Willowby Community League Playschool

## Enrollment Agreement

**Terms and Conditions:**

PAYMENT OF TUITION and MEMBERSHIP FEES:

Cheques are to be made payable to the *Willowby Community League*

Registrants are required to provide the treasurer with one void cheque. Monthly fees will be automatically withdrawn from the account shown on the cheque on the first business day of each month from September to June inclusive or one cheque for the entire year's tuition may be provided, Dated September 1 of the current year.

Monthly Payment Amounts:

3 year old program is \$90.00 per month

4 year old program is \$110.00 per month

\$125.00 cleaning night fee, the cheque should be made payable to *Willowby Community League* but not dated.

The following cheques are also required at time of registration:

\$50.00 registration fee, to be dated day of registration. All registrants are required to pay this non-refundable fee. It will be processed upon receipt of registration.

**CERTIFICATION:**

I certify that the information I have provided is true and complete to the best of my knowledge. I hereby request that my child be registered with Willowby Community League Playschool.

I agree that Willowby Community League Playschool will not be responsible for anything that may happen as a result of false or incomplete information provided to the playschool at the time of enrollment.

I have read and accepted the Policies as stated by Willowby Community League Playschool (Registration Package) and I understand and accept the **TERMS AND CONDITIONS** as stated above.

Signed this \_\_\_\_\_ day of \_\_\_\_\_ in the year of \_\_\_\_\_.

Signature of parent/guardian: \_\_\_\_\_

Witnessed by \_\_\_\_\_  
(Teacher or Board Member)

The following is to be signed when form is updated in January:

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

Willowby Community League Playschool  
Payment Slip

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

Class (please check): \_\_\_\_\_ 3 year old Tues/Thurs \$90 per month (price subject to change)  
\_\_\_\_\_ 4 year old Mon/Wed/Fri \$110 per month (price subject to change)

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

Person responsible for payments: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

Willowby Playschool Teacher Use Only:

Cheques received:

\_\_\_\_\_ \$50 Registration fee

\_\_\_\_\_ Void cheque with signed automatic withdrawal authorization form

\_\_\_\_\_ OR one cheque for full year's tuition

\_\_\_\_\_ \$125 Cleaning Night deposit (undated)

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

Registration taken by: \_\_\_\_\_

Notes:

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**Willowby Community League Playschool**  
Automatic Withdrawal Authorization Form

\_\_\_\_\_ Name of account holder \_\_\_\_\_ Name of child

Address: \_\_\_\_\_  
Street City, Province

\_\_\_\_\_ Postal Code \_\_\_\_\_ Telephone number

I hereby authorize the debiting of my account by method of Electronic Funds Transfer on the first (1st) day of each month beginning September \_\_\_\_\_ (Year) ending June \_\_\_\_\_ (Year) for the amount checked below:

Class (please check): \_\_\_\_\_ 3 year old Tues/Thurs \$90 per month  
\_\_\_\_\_ 4 year old Mon/Wed/Fri \$110 per month

Bank Route # \_\_\_\_\_ Bank Transit # \_\_\_\_\_ Account # \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Note: If your debit is to a chequing account, please attach a VOID cheque. Please do not write on the magnetic encoding found on the bottom on your cheque.

Bank Address:

Street \_\_\_\_\_

City, Province \_\_\_\_\_

Postal Code \_\_\_\_\_

I further acknowledge by my signature, duly dated, that I shall be responsible for any costs incurred by Willowby Community League that may arise from my failure to immediately advise Willowby Community League of any changes, for any reason, to my bank account number or address from the bank, from the foregoing information.

\_\_\_\_\_ Account holder signature

\_\_\_\_\_ Date of signature

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For Administration Office use only:

Accepted by and on behalf of Willowby Community League this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_ Plan Administrator