

Willowby Community League Playschool Registration Form

Community League Current Membership Number: _____

Morning Program: Please check one: (Covid may have changed dates)

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: _____

Police Information check and Vulnerable Sector Check:

All parents/grandparents/parental guardians who may be helping with parent helper days or field trips or any other time spent with the students will need to have a Police Information check and Vulnerable Sector check completed. The cost of this will be covered by the Willowby Community League and you will need to make arrangements with the teacher to get this complete

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)

Police Information check and Vulnerable Sector Check:

_____ All parents/grandparents/parental guardians who may be helping with parent helper days or field trips or any other time spent with the students will need to have a Police Information check and Vulnerable Sector check completed. The cost of this will be covered by the Willowby Community League and you will need to make arrangements with the teacher to get this complete

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 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: (Not applicable for this school year)

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 (May not applicable for this school year)

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 \$110.00 per month

4 year old program is \$130.00 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 \$110 per month (price subject to change)
_____ 4 year old Mon/Wed/Fri \$130 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:

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 \$110 per month
_____ 4 year old Mon/Wed/Fri \$130 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