

# Willowby Community League Playschool Registration Form

2017/2018

**Morning Program: Please check one**

Community League Name: \_\_\_\_\_

3 year old Tues/Thurs

2017/18 Membership Number: \_\_\_\_\_

4 year old Mon/Wed/Fri

**CHILD'S INFORMATION**

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

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

Gender: Female   Male

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

City: \_\_\_\_\_

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

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

**PARENT OR GUARDIAN'S INFORMATION:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

Home Phone if different \_\_\_\_\_

Home Phone if different \_\_\_\_\_

Cell phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Work phone \_\_\_\_\_

Work phone \_\_\_\_\_

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

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

Information to appear on class list

YES   NO

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:

\_\_\_\_\_

Does your child have any allergies?  NO  YES, please specify:

\_\_\_\_\_

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, \_\_\_\_\_, hereby grant permission for my  
(please print parent/guardian first and last name)

child, \_\_\_\_\_, to participate in the following:  
(please print child's first and last name)

**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 neighbourhood 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.

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, \_\_\_\_\_, hereby grant permission  
(please print parent/guardian first and last name)

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.

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 3year 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 \_\_\_\_\_

## Enrollment Agreement

### TERMS AND CONDITIONS:

#### PAYMENT OF TUITION AND MEMBERSHIP FEES:

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

# Willowby Community League Playschool

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 2015 – June 2016 Inclusive.. Alternatively, one cheque for the entire year's tuition may be provided, dated September 1<sup>st</sup>.

## Monthly Payment amounts

3 year old program \$90/month

4 year old program \$110/month

\$125 cleaning night fee, the cheque should be made out to Willowby Community League, but not dated

## The following cheques are also required at time of registration:

\$50 registration fee, to be dated for 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 accept 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 \_\_\_\_\_, 2017

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: \_\_\_\_\_

## Payment Slip

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

Class (please check):  3 year old Tues/Thurs \$90 per month

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

# Willowby Community League Playschool

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

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

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

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

## Willowby Playschool Board Member 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: \_\_\_\_\_ Automatic

Withdrawal Authorization Form

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

\_\_\_\_\_  
Name of child

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

Street

City, Province

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

\_\_\_\_\_  
Telephone number

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

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 # \_\_\_\_\_

# Willowby Community League Playschool

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

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

Street cheque. Please do not write on the magnetic encoding found on the

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

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

**Note:** If your debit is to a chequing

account, please attach a VOID

bottom of your cheque.

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

.....  
For Administration Office use only:

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

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