



Tel: 403-455-8696

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Website: www.copperfieldpreschool.com

Registration Form & Contract 2020 - 2021

Out of School Care Program

Please print clearly and fill out ALL sections. If something doesn't apply, write N/A.

STUDENT INFORMATION

Student's Last Name _____ First Name _____

DOB (day/month/year): _____ Gender (circle) Boy / Girl

Students Address _____

Post Code _____ Home Phone # _____

PROGRAMME INFORMATION

Please circle which programme you wish to register for. Programme runs from Tuesday, September 1, 2020 to Friday, June 25, 2021. Please refer to the calendar for all dates the out of school program is closed.

Registration fee: \$50/child

5 Days: Monday-Friday 7:00am-5:30pm, \$480 per month, including GST.

Any 3 Days from Monday to Friday 7:00am-5:30pm: \$315 per month, including GST.

Any 2 Days from Monday to Friday 7:00am-5:30pm: \$275 per month, including GST

Field trip fee is excluded from the monthly fee.

Optional: Picking up fee \$30/child/month, from the other nearby neighbourhood schools to this out of school; free to pick up from the schools in Copperfield.

All fees are paid in advance by personal cheques. Hours of classes are subject to change if required.

No places will be held until contract, registration form, registration fee and post dated cheques are received.

PARENT/GUARDIAN INFORMATION

Contact email address _____

Mother/Guardian Name _____ Cell phone # _____

Address (if different from student) _____

Home Phone # (if different from student) _____ Work Phone # _____

Father/Guardian Name _____ Cell phone # _____

Address (if different from student) _____

Home Phone (if different from student) _____ Work Phone # _____

Are both parents/guardians authorized to pick up your child? Yes _____ No _____ If not please provide details

Is there a custody order in place? Yes _____ No _____ if yes, please explain and **provide a copy of the order**

EMERGENCY CONTACT/PICK UP (Other than parent(s)/guardian(s) listed above)

Name _____ Relationship _____

Address _____

Phone # _____

Name _____ Relationship _____

Address _____

Phone # _____

PARENT AUTHORIZATION FOR PICK UP

Please note that if a person is not on the pick up list your child will not be able to go without us contacting you. It is your responsibility not to give other people your password unless they are on your authorized pick up list and also to keep the authorization list up to date.

Name _____

Name _____

STUDENT HEALTH INFORMATION

Has the student got any allergies/illnesses? **YES / NO.**

Please note for any medication **A MEDICATION FORM MUST BE COMPLETED PRIOR TO STARTING.**

If yes what is/are the allergy/illness? _____

Is the allergy Mild _____ Moderate _____ Severe _____

Doctor or Walk in clinic _____ Phone _____

Dentists Name _____ Phone _____

Does the student have any disabilities? **YES / NO?**

If yes, please explain _____

Does the student have any illness at present? **YES / NO?**

If yes, please explain _____

Photograph Release

May we take pictures of your child to display in:-

The classroom area **YES / NO**

On our website **YES / NO**

I declare that the information given above is accurate. I agree to notify the out of school care regarding any changes to this information.

I have read the parents handbook and will abide by the policies and procedures within this documentation.

Print Name _____

Sign Name _____ **Date** _____



Contract 2020/2021

PLEASE INITIAL that you have received and read our handbook and illness policy. By checking the box you show that you agree and accept all the rules and regulations that we have written down. It also shows that you will do your best to follow our handbook.

This is a legal and binding contract between Copperfield Preschool-Out of School Care and _____ (parent/guardian)

1. Services will be provided by Copperfield Preschool-Out Of School Care for _____ (name of child)

On (Day and Time) Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

Beginning on _____.

2. All public holidays will be paid while at the Copperfield Preschool-out of school care program and no service will be provided for these days.

3. The fee for out of school care will be payable in advance by post-dated cheque's dated for 2020/2021 – Cheques Dated **the 1st of every month. Fees paid 1 month in advance (to cover 4 weeks notice in case of cancellation.**

Post-dated cheques are required at enrolment. Fees are due regardless of attendance. **Please make cheques payable to Copperfield Preschool.**

Registration fee will be \$50.00 per child due upon enrolment. **This money is non-refundable.**

PLEASE NOTE THAT NO PLACE WILL BE RESERVED UNTIL THE CONTRACT, REGISTRATION FORM, REGISTRATION FEE AND ALL THE POST DATED CHEQUES ARE RECEIVED.

4. You know and agree that payment via post-dated cheque/s will be carried out on the above dates every month.

5. **You know and agree to provide us with 4 weeks paid notice prior to any termination of the contract with Copperfield Preschool IN WRITING VIA EMAIL ONLY.**

6. Copperfield Preschool-Out of School Care program has the right to terminate this contract instantly if your child has caused intentional harm to another child/children (such as biting, hitting and kicking etc.) or is purposely destroying out of school care property or not following the rules. Such as breaking things on purpose, swearing etc. Charges will also be made for deliberate destruction of property.

7. Parents agree to pick up their child on time. If parents are consistently late then preschool care can and will be terminated/and or late fees charged.

8. Acceptance documentation will be sent out via e-mail before the start.

9. You also give your consent for your child to carry out fire evacuation drills.

10. In case of a medical emergency, I give permission for Copperfield Preschool-Out of School Care program to call an ambulance at no cost to Copperfield Preschool-Out of School Care. All first aid administered by trained staff in an emergency at the out of school care is covered under "The Good Samaritan Act" This act protects against liability, citizens and medical professionals who act in good faith to give emergency assistance to ill or injured persons at the scene of an emergency. Under these laws, a person providing first aid who act reasonably and prudently under the conditions of an emergency, cannot be held responsible for the injuries suffered by the victim.

Parent Signature: _____ Date: _____

Date child will start preschool: _____



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REGISTRATION CHECKLIST

ALL ITEMS BELOW MUST BE SUPPLIED WITH REGISTRATION DOCUMENTATION

- Registration form completed with **all** information
- Contract completed with **all** information, – don't forget to initial the small box at the top left hand corner of the contract (page 4)
- Post-dated cheques, made payable to Copperfield Preschool.
- \$50.00 Registration fee dated day of registration.

Please check each box to ensure your registration pack is complete.

We cannot hold any places until all of the above are received.