

KIDDIES KORNER PLAYSCHOOL
4 YEAR OLD CLASS REGISTRATION F O R M

No. _____

<https://www.lynkcommunity.com/kiddies-korner-playschool>

OFFICE USE ONLY:

REGISTRATION/INSURANCE FEE \$20.00

PAID: YES ___ NO ___ (DATE PAID: _____)

PARENT'S FORM:

DATE OF REGISTRATION: _____

Child's Name: _____ M / F (please circle)

Circle Preferred class:
AM: 2 days/week (3.5 hrs/day)
PM: 2 days/week (3.5 hrs/day)

Do you have preferred days?
Specify: _____

NOTE: If registration is low, only one class will be offered.

Final class schedule will be determined after the Fall Registration Fair.

Mailing

Address: _____

Street Address/Land Description: _____

Birth Date: _____
(dd-mm-yyyy)

| | |
|----------------------|----------------------|
| Mother's Name: _____ | Father's Name: _____ |
| Home Phone: _____ | Home Phone: _____ |
| Work Phone: _____ | Work Phone: _____ |
| Cell Phone: _____ | Cell Phone: _____ |
| *Email: _____ | *Email: _____ |

* Required as most communication is done via email.

MEDICAL INFORMATION:

The following information is collected only for the purpose of obtaining/providing medical attention in an emergency or when a parent or guardian cannot be reached during your child's attendance at Playschool.

CHILD'S DOCTOR: _____

PHONE NUMBER: _____

ADDRESS: _____

**CHILD'S ALBERTA HEALTHCARE NUMBER: _____

(Must have before classes start)**

ALLERGIES: YES ___ NO ___ IF YES, WHAT & HOW SEVERE?

MEDICATIONS: YES ___ NO ___ If Yes, please fill out medical consent form.
(SPECIFY TYPE AND FREQUENCY) _____

VACCINATIONS UP TO DATE? YES ___ NO ___

SPECIAL INSTRUCTIONS: Instructions or conditions that may affect your child while at playschool. PLEASE WRITE IN SPACE PROVIDED.

| |
|--|
| |
| |
| |
| |

WAVIER AGREEMENT FOR PICKUP

I, _____, acknowledge and accept that although reasonable precautions are taken to ensure the safety and well-being of all children attending Kiddies Korner Playschool, accidents may occur. I hereby release and save harmless Kiddies Korner Playschool, its staff, volunteers and executive from any liability for any injury that may result while on the premises of Kiddies Korner Playschool or while on approved field trips. I certify the above medical information to be accurate to the best of my knowledge. I give Kiddies Korner Playschool and qualified staff permission to administer first aid treatment and/or to seek assistance from qualified medical personnel including at local medical clinics or the hospital, and to transport my child to any local clinic or hospital.

DATE: _____ SIGNATURE: _____

EMERGENCY CONTACT: (persons to contact if parents are unable to be reached)

| Name: | Street Address/Land Description | Phone No. |
|-------|---------------------------------|-----------|
| | | |
| | | |

DESIGNATE: (Other than parent/guardian)

Parents/guardians or a designated person (at least 16 years of age) MUST attend to pickup your child at the end of each class. Children will NOT be permitted to leave on their own, and no person other than a parent/guardian or person designated here, will be allowed to collect your child (unless other arrangements for a specific occasion have been made ahead of time.)

Name: _____ Phone No. _____

Name: _____ Phone No. _____

PERMISSION FOR FIELD TRIPS: I hereby give permission for my child to go on field trips and outings with the staff & children of Kiddies Korner Playschool.

YES ___ NO ___ Parent Initial _____

TELEPHONE/EMAIL LIST: I hereby give permission to include the name and phone number or email of parents and my child on a class list that may be made available to any phoning committee or other parents in playschool.

YES ___ NO ___ Parent Initial _____

PICTURES: I hereby give permission that any in-class pictures of my child can be used for playschool related articles or information media.

YES ___ NO ___ Parent Initial _____

DISCIPLINARY POLICY:

Administration of discipline is required to maintain order and provide a safe and healthy environment for all children and staff at Kiddies Korner Playschool. The following disciplinary policy is in effect for all classes.

1. The teacher, aid, or volunteer will speak with the child/children involved, and will redirect the child or children when necessary.
2. The teacher, aid, or volunteer will try to get the child to express his/her feelings and solve the problem one on one.
3. When necessary, a "cool down time" will be utilized wherein the child will be asked to sit quietly away from other children for a short time to calm down.
4. In extreme situations, parents/guardians may be called to attend playschool to deal with their child.
5. Recurring behavioral problems will be brought to the attention of parents/guardians.

I acknowledge and agree to the disciplinary policy above: YES ___ NO ___ Parent Initial _____

Fundraising:

A \$250 fundraising deposit is required for each child registered in Kiddies Korner, prior to attending the program. This fee is payable upfront and holds parents accountable for volunteering their time. It will be refunded in May if volunteer requirements are met.

Fees:

The Full Year Fee for the 4-year old program is \$475, and the fundraising deposit is \$250. Please indicate your payment method:

_____ Lump Sum Payment (\$725)

_____ 2 payments (\$435 due September + \$290 due January 1)

Cheque e-Transfer (kkps.executive@gmail.com - autodeposits)

Fees and Funding

Kiddies Korner is excited to announce a new payment model for the 2023/24 school year! With the funding provided by the Government of Alberta we are able to offer our 1-day program (3 year olds) for \$0 and our 2-day program (4 year olds) for \$475 per year. With these changes we will no longer have the administrative hassle of issuing refunds to families during the year based on the number of payments they have made. Our fundraising deposit (\$250) will need to be paid in full upfront and will be refunded in May 2024 if your volunteer time requirements were met for the year. There will be no more monthly payments. Instead, you will be able to pay the full year's fee upfront OR split the payment in half.

Example 1: You have a 3 year old child attending 1 morning/week.

Program cost: \$575 – program fee
 \$250 – fundraising deposit
 = \$825
 - (\$75/month x 9 months) affordability grant from the government (fundraising fee excluded)
 = \$250

\$250.00 is due prior to the start of classes in September. No further payments are required. \$250 will be refunded to you in May if you volunteered your time for our fundraisers. If you prefer to pay this fee upfront and opt-out of fundraising that is fine – please mark down your preference on the registration forms.

Example 2: You have a 4 year old child attending 2 mornings/week.

Program cost: \$1,150 – program fee
 \$250 – fundraising deposit
 = \$1,400
 - (\$75/month x 9 months) affordability grant from the government
 = \$725

\$725 is due prior to the start of classes in September

OR

\$435 is due prior to the start of classes in September and an additional payment of **\$290** is due January 1st.

\$250 will be refunded to you in May if you volunteered your time for our fundraisers. If you prefer to pay this fee upfront and opt-out of fundraising that is fine – please mark down your preference on the registration forms. Additional subsidy is available to cover the parent portion of the 4 year old fees (\$225).

You can apply for this online at <https://www.alberta.ca/child-care-subsidy.aspx>.