

Deposit Paid: \_\_\_\_\_

Registration Paid: \_\_\_\_\_

PAD: \_\_\_\_\_

### Registration Forms 2019-2020

Class-please check - M/W/F- AM    M/T/TH -PM    T/TH-AM    T/TH-PM

How did you hear about TLC Preschool? \_\_\_\_\_

#### Child's Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

D.O.B. M \_\_\_\_\_ D \_\_\_\_\_ YR \_\_\_\_\_ AGE: \_\_\_\_\_ Gender M \_\_\_\_\_ F \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code \_\_\_\_\_

Home Phone# \_\_\_\_\_

Mother's Information Child lives with: Y \_\_\_\_\_ N \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Work # \_\_\_\_\_

Cell # \_\_\_\_\_ Occupation: \_\_\_\_\_

Email: \_\_\_\_\_

Father's Information Child lives with: Y \_\_\_\_\_ N \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Work # \_\_\_\_\_

Cell # \_\_\_\_\_ Occupation: \_\_\_\_\_

Email: \_\_\_\_\_

Siblings Names: \_\_\_\_\_ Age \_\_\_\_ / \_\_\_\_\_ Age \_\_\_\_ / \_\_\_\_\_ Age \_\_\_\_

Additional Address in case of emergency (work): \_\_\_\_\_

Is there any Custody/Parental access restrictions? Y \_\_\_\_\_ N \_\_\_\_\_ If yes, please explain \_\_\_\_\_

**PLEASE FILL OUT IN FULL- (Address needs to be included as a street address only).**

**Emergency Contacts (Not Mom or Dad)**

1. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Address \_\_\_\_\_ City: \_\_\_\_\_  
Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work# \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Address \_\_\_\_\_ City: \_\_\_\_\_  
Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work# \_\_\_\_\_

**Who can the child be picked-up by, other than Mother and Father listed above.**

1. \_\_\_\_\_ # \_\_\_\_\_
2. \_\_\_\_\_ # \_\_\_\_\_
3. \_\_\_\_\_ # \_\_\_\_\_

**Please note, if you are not picking your child up those on the above list will be required to show photo Id when picking up your child (until staff know them). We also ask that you please let the teachers know if it will not be your self (mother or father) picking up that day so we can be prepared and know who to expect. If someone not on this list will be picking up please give the teacher a note stating you are allowing your child to go with "Name" and your permission.**

**Is there anyone who CAN NOT pick up your child? (Court documents need to be provided). Y \_\_\_ N \_\_\_**

1. \_\_\_\_\_
2. \_\_\_\_\_

**Is your child coming to preschool from a Day care or Day home? Y \_\_\_ N \_\_\_  
If Yes, for emergency cases or sickness, please give the providers name and address. \_\_\_\_\_**

---

**\*\*Communication will be through parents and school only, not day home.**

Medical Information (Please fill out in FULL).

*Child's Name:* \_\_\_\_\_ *D.O.B.* \_\_\_\_\_

*Is the child's Immunizations up to date: Y\_\_\_\_\_N\_\_\_\_\_ (please give a copy)*

*Does your child have any allergies: Y\_\_\_\_\_N\_\_\_\_\_, Please Explain:\_\_\_\_\_*

\_\_\_\_\_  
*Does your child require an EPI PEN or Inhaler? Y\_\_\_\_\_N\_\_\_\_\_ If Yes, you will need to have a spare one for the school.*

*Does your child have any medical conditions, emotional or developmental challenges: If Yes, Please explain:\_\_\_\_\_*

\_\_\_\_\_  
*Do you have any speech concerns? If yes, please explain:\_\_\_\_\_*

\_\_\_\_\_  
*Does your child have food sensitivities, food allergies, or a special diet? If yes, please explain:\_\_\_\_\_*

\_\_\_\_\_  
*Is your child on any ongoing medications? If yes, please list:\_\_\_\_\_*

Consent for medical treatment of my child

*In an emergency, my child may need medical or surgical treatment. If an emergency occurs, every reasonable effort must first be made to contact me. If I cannot be reached, I give permission to the emergency medical treatment of my child. Any expense incurred for emergency medical treatment under this section will be my responsibility.*

*Sign:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*T.L.C Preschool Parent Consent and Waiver of Liability*

*For: Child's Name:* \_\_\_\_\_

*I, \_\_\_\_\_ (Name), parent/legal guardian of the child named above hereby grant permission for my child;*

*a) to participate in all of the activities organized by T.L.C. Preschool*

*b) to use all the play equipment owned or used by T.L.C. Preschool*

*c) to leave the school premises under the supervision of staff of T.L.C.*

*Preschool for walks in the neighbourhood and to the park.*

*Yes, I Agree \_\_\_\_\_ Parent Initial*

*Cancellation/ Withdrawal*

*I understand and agree that the \$40 registration fee and \$100 deposit will not be refunded under any circumstances. I also understand and agree that should I withdraw my child from the preschool, I am required to give 30 days written notice (prior to month end), to T.L.C. Preschool in order to avoid a one month payment penalty.*

*Yes, I Agree \_\_\_\_\_ Parent Initial*

*Accidents*

*When a child participates in an activity organized for preschool aged children there is always a risk. I acknowledge that the organizers will not be able to fully supervise, care for, or control the participants involved in the preschool activities, but every attempt will always be made. I acknowledge that accidents may occur.*

*Yes, I Agree \_\_\_\_\_ Parent Initial*

*T.L.C. Preschool Parent consent and Waiver Continued,*

*My child is not suffering from any medical condition that might prevent them from participating in any preschool activities. I have described any special needs my child may have on the Medical Sheet.*

*Yes, I Agree \_\_\_\_\_ Parent Initial*

*I will give T.L.C. Preschool a a Void cheque and PAD (pre-authorized debit) form. Fee's will be withdrawn for the 10 months of the school year (Sept-June), unless your child starts through out the year, then it will be affective from start date till June. The \$100 deposit will come off my June school fees. I understand that any NSF's will be charged \$50, and full payment is required immediately.*

*Yes, I Agree \_\_\_\_\_ Parent Initial*

*I understand I will be charged \$1 a minute that I am late after a 5 minute grace period at the end of class, unless other arrangements have been made ahead of time with T.L.C. Preschool teachers.*

*Yes, I Agree \_\_\_\_\_ Parent Initial*

*Photo Consent*

*T.L.C. Preschool will take photo's through out the school year for the use of scrapbooks, parent boards, arts and crafts, and on the webpage.*

*Yes, I Agree my child can be photographed. \_\_\_\_\_ Parent Initial*

*I DO NOT Agree to my child being photographed. \_\_\_\_\_ Parent Initial*

*I have read this document and accept its terms and I agree that this agreement will constitute a complete release of liability for T.L.C. Preschool subject to the provisions above*

*Parent Signature \_\_\_\_\_ Date \_\_\_\_\_*

*Printed Name \_\_\_\_\_*

## T.L.C. Preschool Discipline Policy

*T.L.C. Preschool discipline policy is as follows;*

*Within every preschool setting appropriate guidelines must be set to ensure the safety and well being of all the children. Our intent at T.L.C. Preschool is to provide a positive approach to discipline. The learning process involves teaching children to resolve their difficulties in a positive manner and develop self-control. We encourage positive and appropriate behaviour in the classroom.*

*There will be occasions where a child will be having trouble controlling his/her behaviour and will interfere with another child's work or disrupt a group's activity. At this time the teacher will attempt to redirect his/her attention in a firm, kind and flexible manner by offering choices of other activities and/or behaviour. If the child continues to misbehave, a discussion between teacher and child to discuss appropriate behaviours will occur. If the child does not respond positively to the choices offered, the teacher will separate the child from the other children to a table and chair. The child will remain there until he/she has settled and he/she feels ready to rejoin the group.*

*If a child has significant problems cooperating with peers or teachers, his/her parents will be contacted and a mutually satisfactory approach will be agreed upon.*

*It is important to respect children's feelings and to be sensitive to the children's emotional state. Some children may misbehave due to illness, being over tired, or some event at home. We as teachers need to know of any problems arising in your child's life, which will affect your child's performance.*

I, \_\_\_\_\_ (Parent) have read and understood  
T.L.C. Preschool Discipline Policy.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Communicable Disease Policy

*The following criteria should be used to decide when a child is too ill to attend preschool. Your child should not attend if he/she has any of the following symptoms:*

<i>Diarrhea</i>	<i>Vomiting</i>	<i>Cold</i>
<i>Fever</i>	<i>Rash</i>	<i>Ear Infection</i>
<i>Pink Eye (conjunctivitis)</i>	<i>Cough</i>	<i>Sore throat</i>

*If a child develops any of the above symptoms while at preschool, you or your contact person will be notified to take the child home.*

*In the case of a communicable disease (measles, mumps, rubella etc.), or a parasitic infection, those infected may not attend preschool until clearance from the Doctor or health unit is obtained.*

*A child must be on antibiotics for at least 24 hours, and feeling well, to be able to attend preschool.*

*I, \_\_\_\_\_ (Initial) have read and understood T.L.C. Preschool's Communicable Disease Policy.*

*Signed \_\_\_\_\_ Date \_\_\_\_\_*

LICE

*Lice is not a communicable disease however it spreads very easily to other students and staff and is very irritating to the scalp. If lice is found on your child they will need to be picked up immediately. A treatment from the pharmacy or doctor must be applied, ALL eggs MUST be removed and please wait a minimum of 24 hours before your child returns to school. If you discover lice at home please notify the school immediately, so we can take the necessary steps to prevent an out break at the school.*

*I \_\_\_\_\_ (Initial) have read and understand the TLC Preschool LICE policy.*

TLC Preschool Therapy Team

*At TLC Preschool we are strong believers in the importance of early childhood learning. Children learn so much in their first 6 years of life and is a core foundation for future learning years. We want to work with all children with where they are currently at and strengthen their skills in intellectual, social and emotional development. We offer support in the classroom and in home for children needing the extra assistance. Some programs will be offered in small groups and some to the whole class, this will assist all of the children to strengthen their skills. The Alberta Government has offered funding for the early learning years to assist children who are mildly, moderately, or severely delayed in some or all areas of development. Alberta Education understands the importance of the skills learnt in a pre-K environment and is giving the additional support during this critical learning time in a child's life.*

*The TLC's therapy team will be in the classroom in September observing and screening students. If there is any concerns with your child's development the classroom teacher and /or therapist will be in touch. We will discuss with you at that time different options and supports to strengthen your child's skills. If you have any concerns about your child's development please let us know. This is a huge opportunity to strengthen your child's skills and help them to soar in future years to come. Please speak to the teacher further with any questions about this opportunity.*

*I \_\_\_\_\_(initial) understand a therapy team will be in my child's classroom through out the school year and will observe and screen my child in September.*

\_\_\_\_\_  
*Signed*

\_\_\_\_\_  
*Dated*

KINDERGARTEN- *Will your child be attending kindergarten next year:*

*Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure \_\_\_\_\_ (Birthdate falls from Sept-Feb)*

*Please speak to the teacher if you have any questions.*



*Getting to know your child*

*What are your child's Interests and favourite things? \_\_\_\_\_*

*What is your child's strengths? \_\_\_\_\_*

*Does your child have any particular fears or challenge's? (Please explain)*

*Do you have any concerns about your child's development or their participation in the preschool? (If Yes, Please explain) \_\_\_\_\_*

*Do you have any concern's about your child's speech? \_\_\_\_\_*

*(If yes, please also fill out a Speech screening form as well).*

*Do you have any concern's about your child's sensory needs? (ie; very busy, unable to sit still for any time, big meltdowns, unable to console, does not sleep well), \_\_\_\_\_*

*(If yes, please also fill out an Occupational screening form as well).*

*What are your hopes for your child this school year? \_\_\_\_\_*

*Is there anything else you think the teacher should know that would help her teach your child better?*



206-1 Bow Ridge Rd  
Cochrane, Alberta  
T4C 2J1

**PRE-AUTHORIZED DEBIT AUTHORIZATION**

In this Authorization, “we”, “us” “our” and “TD Canada Trust” means The Toronto-Dominion Bank and its successors or assigns and “PAD” means a pre-authorized debit pursuant to this Authorization  
*Please complete the following:*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Account Number (for example, 200-021234567)      Transit Number      Institute Number**

\_\_\_\_\_  
**Legal Name :**

\_\_\_\_\_  
**Name of Financial Institution      Branch Address**

**PLEASE ATTACH A CHEQUE MARKED “VOID”**

By completing this Authorization as part of your application or agreement for merchant services (the “Agreement”),

**You authorize us and agree as follows:**

You hereby authorize us to draw on the Account at the Processing Institution for the purpose of paying all amounts due and payable to us in respect of your obligations to us under the terms of the Agreement. You authorize the Processing Institution to honour and pay such PADs. You acknowledge that the PAD is for business purposes. You further authorize us to make deposits to the Account under the terms of the Agreement.

**You warrant and guarantee that:**

- (a) all persons whose signatures are required to sign on the Account have signed this Authorization below,
- (b) all information that you have provided with respect to the Account is accurate and complete, and
- (c) you will immediately inform us, in writing, of any change in information regarding the Account.

You acknowledge that provision and delivery of this Authorization to us constitutes delivery by you to the Processing Institution. Any delivery of this Authorization to us constitutes delivery by you.

You acknowledge that, in order to revoke this Authorization, you must provide notice of revocation to us, which you may do at any time. Revocation of this Authorization does not terminate your Agreement with us and does not relieve you of your obligations to pay all amounts owing to us under the Agreement. This Authorization applies only to the method of payment and does not otherwise impact the Agreement. You agree to provide us with an alternative method of payment satisfactory to us.

**You agree to waive the pre-notification requirements set out in Rule H1 of the Canadian Payments Association.**

You acknowledge that the Processing Institution is not required to verify that a PAD has been issued in accordance with the particulars of your authorization including, but not limited to, the amount. You acknowledge that the Processing Institution is not required to verify that any purpose of payment for which the PAD was issued has been fulfilled by us as a condition to honouring a PAD issued or caused to be issued by us on the Account.

You have certain recourse rights if any debit does not comply with this Authorization. For example, you have the right to receive reimbursement for any PAD that is not authorized by or is not consistent with this Authorization.

We hereby confirm that the above information and signatures conform to our records.

**(Financial institute to sign or stamp if needed)**

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

\_\_\_\_\_  
**Signature of processing institution**

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

\_\_\_\_\_  
**Sign Name**

\_\_\_\_\_  
**Print Name**

## REGISTRATION CHECK LIST

### 1- Forms are filled out in FULL, this includes;

    Alberta Health care number.

    2 emergency contacts that are NOT the parents, with full address and phone numbers.

    All information of parents and child filled out.

    All consents signed and dated.

    Field Trip Form is filled out in full.

### 2- Tuition

    PAD Form-(Pre-Authorized Debit) filled out with Void Cheque (to be handed in with registration).

    Deposit for \$100 and registration fee for \$40.

PAID: Total on one cheque- \$140 dated for now \_\_\_\_\_ or  
Cash \_\_\_\_\_ or E-Transfer \_\_\_\_\_

    3- Copy of your child's immunization records.

    4- Copy of your child's birth certificate.

    5- Read parent hand book.

    6- If there is speech concerns or sensory concerns- additional forms filled out.

Please make sure all the above are complete before handing in your child's registration forms, or forms will be sent back and your child's space can not be held, thank-you.

**TLC PRESCHOOL FIELD TRIP EMERGENCY FORM**

**Childs Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Mother's Information Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Work #** \_\_\_\_\_

**Cell #** \_\_\_\_\_ **Home #** \_\_\_\_\_ **Child lives with** \_\_\_\_\_

**Father's Information Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Work #** \_\_\_\_\_

**Cell #** \_\_\_\_\_ **Home #** \_\_\_\_\_ **Child lives with** \_\_\_\_\_

**Emergency Contacts (Not Mom or Dad)**

**1. Name:** \_\_\_\_\_ **Relationship to child:** \_\_\_\_\_

**Address** \_\_\_\_\_ **City:** \_\_\_\_\_

**Home #** \_\_\_\_\_ **Cell #** \_\_\_\_\_ **Work#** \_\_\_\_\_

**2. Name:** \_\_\_\_\_ **Relationship to child:** \_\_\_\_\_

**Address** \_\_\_\_\_ **City:** \_\_\_\_\_

**Home #** \_\_\_\_\_ **Cell #** \_\_\_\_\_ **Work#** \_\_\_\_\_

**Is the child's Immunizations up to date:** Y \_\_\_\_\_ N \_\_\_\_\_

**Does your child have any allergies:** Y \_\_\_\_\_ N \_\_\_\_\_, **Please Explain:** \_\_\_\_\_

**Does your child require an EPI PEN or Inhaler?** Y \_\_\_\_\_ N \_\_\_\_\_ **Does your child have any medical conditions, emotional or developmental challenges:** **If Yes, Please explain:** \_\_\_\_\_

**In an emergency, my child may need medical or surgical treatment. If an emergency occurs, every reasonable effort must first be made to contact me. If I cannot be reached, I give permission to the emergency medical treatment of my child. Any expense incurred for emergency medical treatment under this section will be my responsibility.**

**Sign:** \_\_\_\_\_ **Date:** \_\_\_\_\_