



25230 TWP Rd 542, Sturgeon County, AB T8T 1L8

Phone: 780.418.7757

[www.stalbertcreativepreschool.com](http://www.stalbertcreativepreschool.com)

## 2020/2021 REGISTRATION

### PROGRAM INFORMATION

Please indicate preferred class with the number 1. Indicate a second choice with a number 2.

|                                      |  |                      |   |
|--------------------------------------|--|----------------------|---|
| <b>SUNSHINE CLASS*</b>               | Monday, Wednesday, Friday A.M.<br>(9:15 – 11:30)<br>\$175/month              | <b>RAINBOW CLASS</b> | Tuesday, Thursday A.M.<br>(9:15 – 11:30)<br>\$140/month |
| <b>PRE-KINDER ENRICHMENT PROGRAM</b> | Monday, Tuesday, Wednesday, Thursday P.M.<br>(12:30 – 2:45)<br>\$250/month** |                      |   |

\*child MUST be attending kindergarten the following year

### CONTACT INFORMATION (please provide full mailing address, including postal code)

**CHILD'S NAME:** \_\_\_\_\_  M  F  Neutral, **DOB:** \_\_\_\_\_  
(Child must be 3 or 4 years old by Sept. 15)

**PARENT/GUARDIAN NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **POSTAL CODE:** \_\_\_\_\_

**PH # (DAY):** \_\_\_\_\_ **CELL:** \_\_\_\_\_ **EMAIL :** \_\_\_\_\_  
(for preschool information)

**PARENT/GUARDIAN NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **POSTAL CODE:** \_\_\_\_\_  
(if different from above)

**PH # (DAY):** \_\_\_\_\_ **CELL:** \_\_\_\_\_ **EMAIL :** \_\_\_\_\_  
(for preschool information)

**EMERGENCY CONTACT (other than parent/guardian listed above and must be local):** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **POSTAL CODE:** \_\_\_\_\_

**PH # (DAY):** \_\_\_\_\_ **CELL #:** \_\_\_\_\_

### PERSONAL HEALTH INFORMATION

Are your child's immunizations up-to-date?  No  Yes

Does your child have allergies/chronic health conditions? (seizures, asthma)  No  Yes (please provide details)

(NOTE: allergy medications must be supplied to teacher by 1st class)

Is your child on any on-going medications?  No  Yes (If yes, please provide details)

## PERSONAL HEALTH INFORMATION (CONTINUED)

Does your child have any hearing, eyesight, speech, or smell impairment?  **No**  **Yes** (If yes, please provide details)

What areas of growth/skill development would you like to see in your child this year?

Please provide further information that you feel would be of assistance in helping us understand your child: (i.e. fears, jealousies, aggressiveness, shyness, nervous habits...)

Is your child fully toilet trained?  **Not Yet** (must be toilet trained by start of class)  **Yes**

## ADDITIONAL INFORMATION

Has your child previously attended a preschool program?  No  Yes (please provide name of preschool)

How did you hear about our Preschool?

- Alumni (have had a child attend previously)  Friend/relative/caregiver (word of mouth)  Social media  
 Other (please indicate):

Name of persons (up to 3 individuals if applicable) who will usually pick up your child. Please state relationship to the child as well as applicable contact information:

- 1
- 2
- 3

If applicable, please provide the names/ages of your child's siblings:

Would you like to be contacted for future alumni registration?  No  Yes (If yes, please indicate which year)

## VOLUNTEER POSITIONS

• St Albert Creative Preschool is a non profit school with a parent-run board. Parent volunteers on the Executive Council are essential to the success of our school and the exceptional experience your child will have during his/her time here. Possible Executive Council positions could be for President, Registrar, Treasurer, Director of Communications, Director of Operations, and Director of Fundraising.

• Executive Council Members are elected at the Annual General Meeting (AGM) by the St. Albert Creative Preschool Society members (parents of registered children). The AGM is typically held in late August before the start of the Preschool Year. A detailed invitation to the AGM will be emailed closer to the date.

## (VOLUNTEER POSITIONS CONTINUED)

- Executive Council Members are exempt from any and all Fundraising Fees (discussed below).
- Please indicate with a check mark below if you are interested in hearing more about available positions or think you would be interested in volunteering with the school board.

I would like to be notified about available positions & possible volunteer options

## PRESCHOOL FEES

Preschool Fees are comprised of the following:

### 1. Registration Fee & Program Fee \$200

- The \$100 Registration Fee is an annual, per child fee. It is **non-refundable**.
- The \$100 Program Fee is an annual, per child fee. It is used to cover the cost of preschool programming, including field trips, special activities, and year-end scrapbooks.
- If you withdraw your child prior to August 1, 2020, the entire Program Fee will be refunded.
- If you withdraw your child from preschool on or after August 1, 2020, you forfeit the Program Fee and it will not be refunded.

### 2. Monthly Tuition Fee: \$175 / month September - June (Sunshine); OR \$140 / month September - June (Rainshow); OR \$250 / month September - June (Pre-Kinder Enrichment Program)

**MUST have 12 students registered for class to run.**

- Monthly tuition is paid by Pre-Authorized Debit (PAD). It will be charged to your account on or about the 1st of each month.
- If you withdraw your child from preschool less than two weeks before the first day of class, you will be charged the Tuition Fee for the month of September
- After preschool classes have commenced, one month's notice is required to withdraw your child. You will be charged for any Tuition Fees due within the one month notice period . The preschool will not provide refunds of partial month's Tuition Fees.

### 4. Fundraising Fee:\*

- There are **THREE OPTIONS** for fundraising:
  - o **OPTION 1:** Participation Plan
    - No cost but requires participation in three (3) fundraising events during the preschool year.
  - o **OPTION 2: Flexible Plan**
    - Flexibility to decide throughout year which fundraisers to participate in and which to opt out of.
  - o **OPTION 3:** Complete Opt-Out
    - \$200 Fundraising Fee due at time of registration.
- There will be three (3) fundraising events held throughout the preschool year.
- If you choose Option 1 or Option 2 above, you are required to provide a completed PAD Fundraising Fee form and submit at registration.
- If you participate in all three fundraising events and meet the \$65 requirement, there will be no out-of-pocket cost to you for fundraising. If you do not meet the fundraising requirement for each fundraiser \$65 will be withdrawn from you account.

Please initial to confirm your understanding of the \$65 fundraising requirement

**(PRESCHOOL FEES CONTINUED)**

- If you choose Option #3, you opt out of all three (3) fundraising events entirely by paying a \$200 Fundraising Fee upon registration of your child.
- \* **Please Note:** Parents who have volunteered to be an Executive Council Member on the Parent Board are exempt from any and all Fundraising Fees. They are, however, welcome and encouraged to participate in any and all fundraising events should they so choose. Parents who are elected to be on the board will have their fundraising cheques returned to them or destroyed.

**IMPORTANT! PLEASE READ & INITIAL**

I hereby authorize the St. Albert Creative Preschool to include the name of my child, my name, my spouse's name, my address and my telephone number on a class list for distribution to the parents with children in the same program unless otherwise specified.

I hereby authorize the Teachers of the St. Albert Creative Preschool to obtain emergency treatment for my child if deemed necessary. I will also reimburse the Preschool for any costs incurred in providing such emergency service. In addition, I authorize the Teachers to transport my child from the Preschool in the case of an emergency.

I hereby authorize the Teachers of the St. Albert Creative Preschool to take my child outdoors, on nature walks or to the local playground, staying within a two-block radius of the Preschool classroom.

I hereby authorize the use of my child's portrait, picture, photograph, or artwork as part of their participation at St. Albert Creative Preschool. I agree that I shall have no claim against St. Albert Creative Preschool, any company that is hired to take class images, or against anyone accessing these class photos, whether online, in print or by any other means. I also understand that my child's artwork may be photographed or used in promotional material for St. Albert Creative Preschool, and that on occasion, teachers may take photographs in the classroom for use in the student's memory scrapbook. Any photographs used for promotional or marketing material will not contain my child name in the photograph.

I hereby acknowledge that I have read and understood the policies of St. Albert Creative Preschool as outlined in the School Policy Handbook available on the St. Albert Creative Preschool Website. [www.stalbertcreativepreschool.com](http://www.stalbertcreativepreschool.com)

**Withdrawing your child:**

To withdraw your child from Preschool written notice must be submitted to the attention of the Registrar of the Preschool ([info@stalbertcreativepreschool.com](mailto:info@stalbertcreativepreschool.com)).

**NSF Payments:**

A \$20 charge for NSF payments is in effect. Please contact the School Administrator ([finance@stalbertcreativepreschool.com](mailto:finance@stalbertcreativepreschool.com)) at the Preschool at least 5 days prior to the 1st of the month if there is a problem pertaining to the monthly fee.

**Late Pick-Up:**

In the event that late pick-ups become an ongoing concern, you will first be notified verbally. If, following this verbal

notification, the issue continues to persist, then late fee charges will apply. The late fee charge is \$20.00 for the first 10 minutes past the end of the program time, and \$10 for every 10 minutes thereafter. The fee is payable to the St. Albert Creative Preschool either on the date of the occurrence or on a date agreed upon by the Board of Directors.

In the event that my child is not picked up from preschool on time, I (or anyone claiming on my behalf) hereby release and forever discharge the St. Albert Creative Preschool from any and all claims, liabilities, obligations, damages and causes of action that may arise in relation to my child at the Preschool following the conclusion of class time.

\*\*\*Students currently enrolled at St. Albert Creative Preschool will be given priority for early registration. Alumni registration will take place the week prior to our annual open house (typically the first week classes resume after Christmas break)\*\*\*

I am registering my child in St. Albert Creative Preschool. I understand the fees and I agree to all terms above.

Parent's Signature: \_\_\_\_\_

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

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

#### Parent Contact List :

If you would like to be a part of your class email and Phone list that is distributed to your class only

Yes I agree to have my name, child's name, phone and email for distribution to class for purpose of birthday parties, play dates or other communication between parents.

\_\_\_\_\_  
(Please sign here)

### INSTRUCTIONS TO PARENTS

In order to secure your child's spot in St. Albert Creative Preschool for the 2020/2021 school year, you must enclose the following with this registration form:

- Registration Fee & Program Fee of \$200.00 (cheque, cash, or e-transfer)
- Fundraising Fees:
  - OPTION 1 or 2: Three (3) \$65.00 - Complete Fundraiser PAD Form
  - OPTION 3: \$200.00 Opt-Out Fee (cheque, cash, or e-transfer)
- Completed Monthly Tuition Form
- VOID Cheque or Direct Debit Form

### FOR ADMINISTRATIVE USE ONLY

- Registration Fee received: Date: \_\_\_\_\_  Cheque # \_\_\_\_\_  Cash (\$ \_\_\_\_\_)  Credit (\$ \_\_\_\_\_)
- Program Fee received: Date: \_\_\_\_\_  Cheque # \_\_\_\_\_  Cash (\$ \_\_\_\_\_)  Credit (\$ \_\_\_\_\_)
- Fundraising Fees received: Date: \_\_\_\_\_

Fundraiser PAD Form Received Date: \_\_\_\_\_

1 \$200 Payment       Cheque # \_\_\_\_\_     Cash (\$) \_\_\_\_\_     Credit (\$) \_\_\_\_\_

Monthly Tuition PAD Form received: Date: \_\_\_\_\_

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