



**BriarPatch Community Preschool  
Registration Form & Family Agreement  
2020 - 2021 School Term**

**Child's Full Name:**

**Birthdate:**

**Gender:**

**Child's Address (in full please):**

**Postal Code:**

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**Mother's Name:**

**Mother's Address (in full please):**

**Mother's Phone:**

**Cell:**

**Email:**

**Occupation:**

**Phone:**

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**Father's Name:**

**Father's Address (in full please):**

**Father's Phone:**

**Cell:**

**Email:**

**Occupation:**

**Phone:**

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**Emergency Name:**

**Emergency Address (in full please):**

**P.C.**

**Emergency Phone Numbers:**

**Relationship to Child:**

\*Please make sure your emergency contact person is aware they are on the list.\*

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**Child's Siblings (names & ages):**

Will you require a space for a sibling in the future?

**Waitlist for:**

**Child's Alberta Health Care Card #:**

**Are your child's immunizations current?**

**Yes**

**No**

**Does your child have any allergies?**

**Yes**

**No**

If yes, please list all allergies:

**Does your child have any medical conditions?**

**Yes**

**No**

If yes, please describe:

**Does your child take any daily medications?**

**Yes**

**No**

If yes, please describe:

In order for the BriarPatch Community Preschool to run efficiently, we provide the following checklist of information to families. This checklist includes expectations that both parties agree to on a mutual basis. Please **initial** beside each statement.

\_\_\_ I agree to submit a completed registration form, with all associated fees, along with a copy of my child's Alberta Health Care Card or Birth Certificate to verify age. These fees are **non-refundable**. I agree that my child cannot attend if my fees are late/missing.

\_\_\_ I agree to submit the provided Direct Debit form prior to the first day my child begins preschool. I understand that fees will be deducted from my bank account on the 1<sup>st</sup> of each month from September to June OR the first business day of the month if the 1<sup>st</sup> is on a weekend.

\_\_\_ I agree to provide one complete month's **written** notice **OR** one month's fees if my child is not able to continue in the preschool program. This notice must be provided to the Executive Director, who will then direct the Treasurer to stop the Direct Debits.

\_\_\_ I agree to send a nutritious snack to preschool each day for my child, following the guidelines of the Canada Food Guide. I agree to send a reusable drink container/water bottle with water or juice to preschool each day for my child. The BriarPatch is **a juice-box free centre**.

\_\_\_ I agree to be conscious of food products that may contain or have been exposed to nut products & to not send these to preschool, a **nut free centre**.

\_\_\_ I agree to supervise my younger child (baby/toddler) if they attend class with me on my Parent Helper days, during a special celebration or anytime they are present in the classroom.

\_\_\_ I understand the BriarPatch is a Parent Cooperative. I agree to participate in class as a Parent Helper throughout the school year **OR** I agree to find another parent, family member or trusted friend to take my place if I cannot attend the program due to my schedule.

\_\_\_ If I have any questions or concerns, I will talk with the Executive Director of the Centre. Feedback & concerns are important to our philosophy of parent inclusion.

\_\_\_ I have read the BriarPatch Community Preschool Parent Handbook, which contains the philosophies & policies & respect & agree to follow this guide.

\_\_\_\_\_  
**Parent/Guardian Name (please print)**

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Parent/Guardian Name (please print)**

\_\_\_\_\_  
**Signature of Parent/Guardian**

**Consents for use of Photographs/Media/Artwork (please initial beside each statement)**

\_\_\_ I hereby give BriarPatch Community Preschool permission to **OR** \_\_\_ I do **not** give permission to:

- take pictures of my child during school activities to be used for documentation purposes, or for display in newsletters, year books, website, promotional materials ~ child will be named with first name only. Parents/guardians will be shown any photographs prior to publication on the website or in promotional materials for additional consent.

\_\_\_ I hereby give BriarPatch Community Preschool permission to **OR** \_\_\_ I do **not** give permission to:

- have media take any photographs or video of my children during school activities.

\_\_\_ I hereby give BriarPatch Community Preschool permission to **OR** \_\_\_ I do **not** give permission to:

- use, publish, display & copyright any artwork, written material or creative work created or authored by my child through school activities. These materials may be used in school displays, publications, website, other electronic media & promotional materials. I understand that my child may be identified as the artist or author by first name only & by age. I understand & agree that my child, his/her legal representatives, agents or heirs will not be provided any financial or other compensation by the school for his/her participation in this regard.

\_\_\_\_\_  
**Parent/Guardian Name (please print)**

\_\_\_\_\_  
**Signature of Parent/Guardian**

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

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

**As an inclusive environment, we welcome children in to our program who may need additional supports during their early years. Please answer the following questions:**

!.) Has your child been seen by professionals at:

CASA – Name/Date: \_\_\_\_\_

Alberta Health Services: SLP OT PT

Early Intervention Program: Yes No

Worker/Therapist (name and contact) \_\_\_\_\_

Glenrose – Program/Date: \_\_\_\_\_

Private Therapists- Name/Date/Ph #: \_\_\_\_\_

Do you have any concerns regarding your child's development in the following areas:

- Speech and Language Skills
- Social Skills
- Fine Motor Skills
- Social/Emotional Development
- Challenging Behavior
- Gross Motor Skills

Additional Comments:

## 2020/2021 BriarPatch Community Preschool Class Schedules & Fees

\*Please indicate your **1<sup>st</sup> choice** for the class you would like your child to attend and then choose a **2<sup>nd</sup> choice** if the 1<sup>st</sup> choice is full\*

Class	Time	Fee	1 <sup>st</sup> Choice	2 <sup>nd</sup> Choice
<b>Monday/Wednesday AM</b>	9:00 a.m. to 11:30 a.m.	\$165 per month		
<b>Monday/Wednesday PM</b>	12:30 p.m. to 3:00 p.m.	\$165 per month		
<b>Tuesday/Thursday AM</b>	9:00 a.m. to 11:30 a.m.	\$165 per month		
<b>Tuesday/Thursday PM</b>	12:30 p.m. to 3:00 p.m.	\$165 per month		
<b>M/W/F or T/TH/F AM</b>	9:00 a.m. to 11:30 a.m.	\$200 per month		
<b>M/W/F or T/TH/F PM</b>	12:30 p.m. to 3:00 p.m.	\$200 per month		

## Registration Checklist

Prior to dropping off your registration, ensure you have included the following:

- Completed and signed 2020 – 2021 Registration Form
- Completed and signed 2020 – 2021 Direct Debit Form
- Voided cheque OR bank stamped form
- \$50 Registration Fee Cheque, payable to BriarPatch F.L.E.C. dated this month
- \$100 Activity Fee Cheque, payable to BriarPatch F.L.E.C. dated for September 1, 2020
- Copy of child's Birth Certificate OR Alberta Health Care Card for age verification

## Administration Only

(please do not write in this space)

**Registration Form received:**

**Registration Fee received:**

**Activity Fee received:**

**Direct Debit Form received:**

**Birth Certificate OR A.H.C. received:**

**Registration confirmed:**