



# Callingwood-Lymburn Community Playschool (CLCP)

## Registration 2016-2017

<input type="checkbox"/> 3year old AM 9:00-11:15 Tue/Thurs	<input type="checkbox"/> 3year old PM 1:00-3:15 Tue/Thurs	<input type="checkbox"/> 4 year old AM 9:00-11:15 Mon/Wed/Fri	<input type="checkbox"/> 4 year old PM 1:00-3:15 Mon/Wed/Fri
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Child's First Name _____	Child's Last Name _____	Child's Preferred Name _____
Home Address _____	Postal Code _____	Phone Number _____
Gender _____ <input type="checkbox"/> male <input type="checkbox"/> female	Date of Birth _____	Does Child Speak and Understand English _____ <input type="checkbox"/> yes <input type="checkbox"/> no
Mom's Name _____	Mom's Address (if different) _____	Mom's Phone Numbers _____ Cell: Work:
Dad's Name _____	Dad's Address (if different) _____	Dad's Phone Numbers _____ Cell: Work:
Email address: _____		

Callingwood-Lymburn Community League Membership Number:

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Please note it is essential that all blank spaces be completed or marked as N/A (not applicable).

Authorized persons (in addition to parents) to whom your child may be released to

Name & Phone:

Name & Phone:

Any siblings to the student? Please list name and year of birth:

Are there any circumstances regarding guardianship or custody that you feel we should be aware of? If yes, please explain:

**EMERGENCY CONTACTS:** please list 2 people, other than parents, who can be contacted during playschool hours.

Name:

Name:

Relations to Child:

Relation to Child:

Address (including postal code):

Address (including postal code):

Phone Numbers:

Phone Numbers:

### Medical Information

Student's Alberta Health Care Number:

Allergies:

Immunizations up to date:

yes       no

Dietary Restrictions:

Medical Conditions? If yes please explain:

Is your child taking any medications? Please list:

Please note it is essential that all blank spaces be completed or marked as N/A (not applicable).

## HEALTH QUESTIONNAIRE FOR CLCP

In order to better understand your child's needs in playschool, please complete this survey about his/her health.

1. In the last year, has this child had any difficulty with the following:

Yes    No    If yes, please explain

Ear Aches			
Hearing			
Speech			
Vision			
Feeding/Eating			
Sleeping			
Bowels			
Wetting Day/Night	/	/	
Fever			
Making Friends			

2. Is your child developing as you think they should for this age?  Yes     No

If no, please explain:

3. Does your child have any fears of which we should be aware?  Yes     No

If yes, please explain:

4. Has your child ever experienced any of the following? If yes please provide the year.

	Yes	No	Year		Yes	No	Year
Rubella				Heart Condition			
Measles				Tuberculosis			
Whooping Cough				Convulsions			
Chicken Pox				Epilepsy			
Mumps				Head Injury			
Diabetes				Jaundice			
Surgery				Allergies			

Please note it is essential that all blank spaces be completed or marked as N/A (not applicable).

## Signatures

By signing this document you are acknowledging you agree and will commit to the following:

- I have read the Callingwood-Lyburn Community Playschool Parent Handbook.
- I am aware of the required parent helper days, toy cleanings and bingos and resultant cashing of deposit cheques of \$100 if any of these are missed.
- I am aware of the two required chocolate bar fundraisers.
- I am aware of the parent helper day requirements as outlined in the handbook.
- I am aware of the bathroom guidelines as outlined in the handbook.
- Yes  No I give my child permission to participate in outings that involve walking in and around the school area.
- I have read the media/photography release in the handbook and consent to photography  Yes  No

By signing this form, I \_\_\_\_\_ the parent or legal guardian of \_\_\_\_\_ acknowledge that all information to be true to the best of my knowledge and that I agree with all the practices as mentioned above that are outlined in the Parent handbook.

**Parent/Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### For Office Use Only

Date Form Received:		\$90 Sept Chocolate Cheque Received	<input type="checkbox"/>
\$50 Registration Fee Received	<input type="checkbox"/>	\$90 Jan Chocolate Cheque Received	<input type="checkbox"/>
\$100 Parent Helper Deposit Received	<input type="checkbox"/>	\$35 CLCL Cheque Received	<input type="checkbox"/>
\$100 Toy Clean/Bingo Deposit Received	<input type="checkbox"/>	Auto Withdrawal Form Received	<input type="checkbox"/>

Please note it is essential that all blank spaces be completed or marked as N/A (not applicable).

# Callingwood-Lymburn Community Playschool Pre-Authorized Debit Agreement

## 1. Customer Information (Please Print Clearly)

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

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Child's Class (check one)  3AM  3PM  4AM  4PM

## 2. Bank Account Information

Account Number: \_\_\_\_\_  Chequing  Savings

Bank Transit Number (5 digits): \_\_\_\_\_

Financial Institution Number (3 digits): \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_

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

## 3. Pre-Authorized Debit (PAD) Details

You, the Payer, authorize Callingwood-Lymburn Community Playschool to debit the bank account identified above for (check one)  **\$100 (Tues/Thurs program)**  **\$125 (M/W/F program)** on the 1<sup>st</sup> of every month or the next business day. **This will commence on (month) \_\_\_\_\_, 20\_\_ and end with payment on or about June 1<sup>st</sup>, 20\_\_\_\_\_.** This is monthly tuition payment for playschool as per fee guidelines as outlined in the Parent Handbook and is for personal use.

You, the Payer, may revoke your authorization at any time by ***notifying the Treasurer in writing***, subject to providing 20 days' notice and alternate payment for subsequent months (postdated cheques). To obtain a sample cancellation form or for more information on your rights to cancel a PAD agreement, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

Name of Account Holder (print): \_\_\_\_\_

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

Name of Joint Account Holder (if applicable): \_\_\_\_\_

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

## Summary of Fees 2016-2017

**All cheques are to be made out to Callingwood-Lymburn Community Playschool or CLCP with the exception of the community league membership cheque.**

1. A non-refundable **registration cheque** in the amount of \$50 is required upon registration
2. For 2016-2017 the **monthly tuition fees\*** are **\$100** for the 3 year old program (Tues/Thurs) and **\$125** for the 4 year old program (M/W/F). The Pre-Authorized Debit Agreement, included with this registration form, must be completed.
3. CLCP is a parent co-operative playschool and all parents are obligated to help in the classroom several times during the year as “**helper**” or “**roster**” parents. An adult from each family is also required to participate in **toy cleanings or bingos**. Thus, **2 deposit cheques** in the amount of **\$100** will be required. **LEAVE THE DATES BLANK.** Our treasurer will hold these cheques as deposits for you **mandatory** parent helper days and for your toy cleaning/bingo commitments. If you fulfill all these obligations, the cheques will **not** be cashed and will be returned to you at the end of the year. Please note that if your deposit cheque is cashed, we will require a replacement cheque prior to your child attending class again. As well, there is a limit for such occurrences that the Committee will tolerate due to the nature of our playschool being a parent co-op. For more information on parent requirements, please refer to the Parent Handbook.
4. Two **fundraising cheques** in the amount of **\$90** are required for the *mandatory* chocolate fundraiser. Please date one cheque **Sept 1, 2016** and the other **Jan 1, 2017**. Parents will obtain their chocolates at the parent meetings the sell them to keep any and all profits.
5. All families require a **Callingwood-Lymburn Community League (CLCL) family membership** to ensure the students and volunteers operating within our playschool are insured. A cheque of **\$35 made out to CLCL**, dated **Sept 1, 2016** is required. For more information on community league membership, please refer to the Parent Handbook.

**\*The Committee reserves the right to adjust tuition fees as needed (i.e.; may be raised ~\$5 based on final class enrollment).**

**Please retain this page for your records**