

Preschool for Active Living (PAL)

2017-2018 Registration Package



CONTACT Lisa Montgomery: 403.355.1246 | Email: lmontgomery@repsolsport.com

Preschool Direct Line: 403.355.1290 | Email: preschool@repsolsport.com

1. CHILD'S INFORMATION

Name: _____ Date of Birth: _____

Address: _____ Postal Code: _____

Home Phone: _____ Best Email Address for PAL info: _____

2. PRESCHOOL CLASS INFORMATION

- 3 year olds, MORNINGS: Tuesday/Thursday, 9:00am – 11:30am
- 3 year olds, AFTERNOONS: Tuesday/Thursday, 12:30pm – 3:00pm
- 4 year olds, MORNINGS: Monday/Wednesday/Friday, 9:00am – 11:30am
- 4 year olds, AFTERNOONS: Monday/Wednesday/Friday, 12:30pm – 3:00pm

Are there any specific children you would like your child be with in class? _____

3. CLASS COSTS (PRICES/MONTH)

3 Year Old MORNING Program (2 days/week)

\$172 Members
\$190 Non-Members
Tuesday/Thursday
9:00am – 11:30am

3 Year Old AFTERNOON Program (2 days/week)

\$172 Members
\$190 Non-Members
Tuesday/Thursday
12:30pm – 3:00pm

4 Year Old MORNING Program (3 days/week)

\$205 Members
\$227.50 Non-Members
Monday/Wednesday/Friday
9:00am – 11:30am

4 Year Old AFTERNOON Program (3 days/week)

\$205 Members
\$227.50 Non-Members
Monday/Wednesday/Friday
12:30pm – 3:00pm

Registration Fee (applicable for all classes): \$100 (non-refundable)

**The discounted Members rate is only applicable for a child that currently holds an active Annual Child Membership (monthly and 10 card memberships do not apply) and/or the child being registered has a parent/legal guardian that holds an active Family Annual Membership.*

4. ABOUT YOUR CHILD

What do you hope is included in the PAL program? _____

What activities does your Child enjoy? _____

Does your Child have any challenges with any of the following?

- Vision Please explain: _____
 Hearing Please explain: _____
 Speech Please explain: _____

Do you have any concerns with your Child's development? _____

Are there any special needs (emotional, physical, social or medical) that the school should know about?

If there are any allergies, special needs or medical concerns, we will contact you to arrange a meeting prior to the first day of school.

5. MEDICAL INFORMATION

Alberta Health Care #: _____

Doctor's Name: _____ Doctor's Phone: _____

Doctor's Address: _____

Are your Child's immunizations up to date? Yes No

If not, please indicate the reason: _____

Does your Child have any allergies? Yes No

If yes, you will be given a care plan. Please indicate the allergies, reactions and medications below:

Allergy	Reaction	Medication
_____	_____	_____
_____	_____	_____

Please describe any other serious medical conditions your Child may have: _____

Is your Child on any medications which should be taken on a regular basis? Yes No

If yes, please indicate the medications: _____

Do you have a hospital you would prefer if an emergency occurred? _____

6. PARENT/GUARDIAN CONTACT INFORMATION

Name: _____ Name: _____

Daytime Phone: _____ Daytime Phone: _____

Cell Phone: _____ Cell Phone: _____

Home Phone: _____ Home Phone: _____

Address: _____ Address: _____

Are there any visitation/custody arrangements? Yes No

If yes, please provide details: _____

NANNY/BABYSITTER CONTACT (IF APPLICABLE)

Name: _____ Daytime Phone: _____

Cell Phone: _____ Home Phone: _____

Address: _____

EMERGENCY CONTACT

In the event of an emergency and the parents are not available, who should we contact?

Name: _____ How do they know your Child? _____

Daytime Phone: _____ Cell Phone: _____

Home Phone: _____ Address: _____

PICK UP INFORMATION

Other than the parents, are there any other persons authorized to pick up your Child?

Name: _____ How do they know your Child? _____

Daytime Phone: _____ Cell Phone: _____

Home Phone: _____ Address: _____

Name: _____ How do they know your Child? _____

Daytime Phone: _____ Cell Phone: _____

Home Phone: _____ Address: _____

7. FIRST AID TREATMENT

I hereby authorize Repsol Sport Centre staff who are trained in the basics of First Aid and CPR, to perform First Aid when appropriate:

Name (Printed) _____ Signature _____ Date _____

8. IMAGE RELEASE

During Preschool for Active Living, film and photos may be taken for media or marketing purposes. If you are willing to have your Child participate in the filming of shows (e.g. the Big Breakfast) and be photographed during the class (eg. for brochure/web photos), please sign the image release below.

I _____ grant my child(ren), _____ permission to participate in media coverage and photographs of Preschool for Active Living at Repsol Sport Centre. I hereby grant Repsol Sport Centre the right and permission to publish moving composite reproductions for the purpose of, without limitation, television, publications, and any trade or advertising purposes. Accordingly, I release and discharge the company from any liability by virtue of blurring, distortion, alteration, optical illusion or use in composite form that may occur or be produced in taking of said picture(s) or any processing through completion of the finished product.

Signature of Parent/Guardian _____ Name (printed) _____

9. PRIVACY POLICY

HEALTH CARE

- Our Preschool Teachers at Preschool for Active Living and Child Care Attendants will all be trained in First Aid and CPR.
- From time to time, children may require First Aid assistance.
- At the time of registration, parents will be requested to give written consent to have our staff perform First Aid.
- Staff will not perform any medical care that is outside their scope of training.

SICK POLICY

- If a child becomes sick while at Preschool for Active Living and or Child Care, the child will be kept as far away as possible from the other children.
- If appropriate, the sick child will be kept on the Circle Time mat, while the other children are directed to play elsewhere.

- The sick child will be attended by a Preschool Teacher or Child Care Attendant at all times.
- Parents will be contacted immediately and requested to pick up their ill child.

COMMUNICABLE DISEASES POLICY

- Communicable diseases can spread very quickly in spaces where groups of preschool aged children are present.
- If a staff member has reason to believe that a child may be suffering from a communicable disease, Preschool for Active Living staff will ensure that the child's parent removes the child from the program immediately.
- As listed in the Public Health Act, Schedule 1, these diseases include:
- <http://www.albertahealthservices.ca/services.asp?pid=service&rid=4116>
- Please refer to the above link to see the updated list.

DISCIPLINE POLICY

- It is important that all parents, children and staff be well informed of our Discipline Policy.
- Parents will be made aware through the distribution of our Parent Handbook at the time of registration.
- Any questions or concerns may be brought to the attention of a Preschool Teacher or the Preschool Team Leader or Manager at any time.
- Children will learn acceptable behaviors through discussions and demonstrations with Preschool Teachers. They will also be educated on a case by case basis with adult guidance.
- Staff will be educated upon joining the Preschool Team/Child Care Team. All staff will attend an In-Service and will review the Child Discipline Policy and the Preschool/Child Care Staff Manual at this time.

Realistic limits are set to protect a child's safety and orderliness of the learning environment. Behaviors that are not acceptable will be dealt with consistently. Limits will promote self-confidence and self-control. Each child is an individual and has individual needs. Each child must understand what the limits are. Unacceptable behaviors will be dealt with as follows:

1. Explain why the behavior is not acceptable and what the child has done.
 2. Give children the words to use with each other instead of using physical action.
 3. Point out to children what emotions there are as a result of the conflict.
 4. Teachers will watch to make sure children are following through with guidance procedures and give praise when hearing them.
 5. If children are unable to follow instructions, it may be necessary to redirect children to a different activity.
 6. A brief time away from children and activity will help the child refocus.
- Any child disciplinary action taken must be reasonable in the circumstances.
 - Physical punishment, verbal or physical degradation or emotional deprivation is not permitted.
 - Preschool for Active Living teachers/ Child Care will not deny or threaten to deny any basic necessity.
 - Preschool for Active Living teachers/Child Care will not use or permit the use of any form of physical restraint, confinement or isolation.

MEDICATION ADMINISTRATION

- At times it may be necessary for Preschool Teachers at Preschool for Active Living and Child Care to administer medications.
- This will be permitted with the following guidelines:
 1. The written consent of the child's parent has been obtained
 2. The medication is in the original labeled container
 3. The medication is administered according to the labeled directions
- Medication must be stored in a locked container that is inaccessible to children.
- Medication that is used only in case of emergency must meet all of the above criteria. It must also be stored out of reach of children.
- Prior to medication being administered, the attached Medication Release Form must be completed by the parent.

If medication is ultimately administered, the attached Medication Release Form must be completed and initialed by the administering staff member. This includes the name of the medication, the time of administration, the amount administered and the initials of the person who administered the medication.

OFFSITE ACTIVITY

I, _____ (parent/guardian) of _____ (child) acknowledge that I am aware that my child is going offsite from Repsol Sport Centre premises. This activity will consist of any combination of the following: a walk around the adjacent park, going to the playground in the adjacent park, or going to the green space adjacent to Repsol Sport Centre. I grant/ refuse consent for _____ (Child) to participate in this activity on between September 2016 and June 2017. I am fully aware that by refusing consent my child will remain on Repsol Sport Centre premises and not participate in the planned offsite activity.

Date _____ Parent/Guardian _____

10. REFUNDS/CANCELLATION POLICIES

CANCELLATION POLICY

30 days notice must be provided to terminate this contract. A full month's payment will be collected for any months which your child even partially participates if insufficient notice is given.

ACKNOWLEDGEMENT

I, _____ (parent/guardian) of _____ (child) acknowledge that I have read all attached policies related to Preschool For Active Living (PAL) on this date _____

11. PAYMENT METHOD

Child's Bar Code (office use only): _____

Child's Name: _____ Course Code (office use only): _____

3 Year Old MORNING Program (2 days/week)

\$172 Members

\$190 Non-Members

Tuesday/Thursday

9:00am – 11:30am

3 Year Old AFTERNOON Program (2 days/week)

\$172 Members

\$190 Non-Members

Tuesday/Thursday

12:30pm – 3:00pm

4 Year Old MORNING Program (3 days/week)

\$205 Members

\$227.50 Non-Members

Monday/Wednesday/Friday

9:00am – 11:30am

4 Year Old AFTERNOON Program (3 days/week)

\$205 Members

\$227.50 Non-Members

Monday/Wednesday/Friday

12:30pm – 3:00pm

\$10.00 – Swim Lessons: An assessment will be done prior to Swim Lessons. Lessons will be 8 sessions (2 per week) with a certificate of completion at the end.

Registration Fee (applicable for all classes): \$100 (non-refundable)

**The discounted Members rate is only applicable for a child that currently holds an active Annual Child Membership (monthly and 10 card memberships do not apply) and/or the child being registered has a parent/legal guardian that holds an active Family Annual Membership.*

PAYMENT OPTIONS – Please choose one and fill out necessary information.

Monthly Payment

Amount: \$ _____ (GST included)

Date Payment Commences: September 1, 2016

Date of Final Payment: June 1, 2017

Payable By: VISA
 Mastercard
 Amex
 Automatic Bank Withdrawal

Cardholder Name: _____

Credit Card #: _____

Expiry Date: _____

Signature: _____

The above signed hereby authorizes Repsol Sport Centre to charge my credit card account for the monthly payments specified above.

Full Payment

Amount: \$ _____ (GST included)

Total Initial Payment: \$ _____

Payable By: VISA
 Mastercard
 Amex
 Automatic Bank Withdrawal

Cardholder Name: _____

Credit Card #: _____

Expiry Date: _____

Signature: _____

The above signed hereby authorizes Repsol Sport Centre to charge my credit card account for the monthly payments specified above.