



Child and Family Information

_____ 3 yr old 4 yr olds
Child's Full Name circle class:

_____ Phone Number
Street Address and Box Number

Child

Name the child is known by: _____

Birthdate: _____

Has the child had any other experience with children's groups?

Is he/she used to playing with other children his/her own age? _____

Any health problems? (Please specify) _____

Sight, hearing or speech difficulties? _____

Emotional or social problems? _____

Are the child's immunizations up to date? _____

Does the child suffer from any allergies (food, animals, dust etc.) _____

I/we agree to have our child's name, birthdate and allergies published on a class list solely for the purpose of play dates, birthday parties, parent helper trading and other Playschool related reasons.

___ YES ___ NO

Family

Father's Name _____ Mother's Name _____

Father's Address _____ Mother's Address _____

Father's Phone # _____ Mother's Phone # _____

Father's Occupation _____ Mother's Occupation _____

Preferred Phone # for phone list _____ email _____

Siblings names and ages: _____



Registration Agreement

Child's Name _____

I (we) wish to enroll my (our) child in the **Hepburn Co-operative Playschool** and I (we) understand and agree to the following items and conditions:

- A. My child will attend the session(s) specified below
4 year-old full-time (Tuesday and Thursday) _____
3 year-old (Tuesday pm) _____
- B. I (we) agree to pay the Monthly Tuition Fee in the following payment way:
Postdated cheques are required and will be deposited accordingly.
- 1) Monthly: _____
 - a. 4 year-olds: \$65 per month
 - b. 3 year-olds: \$35 per month
 - 2) Twice a Year: _____
 - a. 4 year olds: September 1 \$260; January 1 \$325
 - b. 3 year olds: September 1 \$105; January 1 \$140
 - 3) Yearly: _____
 - a. 4 year-olds: September 1: \$585
 - b. 3 year-olds: September 1: \$295

I (we) understand that playschool fees are due on the first playschool day each month. I (we) understand all NSF cheques will be charged a fee of \$25. You will be notified by the Treasurer in writing and it will be added to your next month's tuition. If your fees are delinquent for 2 months, your child will be required to discontinue playschool until all arrears are paid in full.

C. I (we) understand and agree to all policies and procedures set forth by the Playschool Board.

D. I (we) agree that my (our) child is not registered until the board Treasurer receives the following:

- \$10 Co-operative Membership (if applicable)
- All tuition paid in full, twice a year or monthly post-dated cheques
- 2 fundraising cheques (\$50 each)

Parent/Guardian Name (Please Print) _____

Parent/Guardian Signature: _____ Date: _____

Treasurer Use Only: Tuition received _____ Fundraising cheques received _____

Treasurer's Signature _____ Date _____



Permission for Medical Care

I (we) _____, give my (our) consent for my (our) child to receive medical assistance and (or) care deemed necessary by qualified personnel or physician(s), if I (we) am (are) unable to be contacted in the case of an emergency.

My (our) child has the following known allergies: _____

My (our) child is allergic to the following drugs or medications: _____

My (our) child's hospitalization number is _____

In case of an emergency relating to the enrolled child, the teacher and assisting parent(s) of the Hepburn Co-operative Playschool will attempt to act on the believed best interest of the child under the circumstances at the time and will try to minimize or eliminate the immediate danger or risk to the child and (or) others. They should then contact the emergency response services, the child's parent(s), or guardian and notify the Playschool President.

I (we) agree to hold harmless the Hepburn Co-operative Playschool, its teacher(s), and the member from any and all costs, claims, damages or demands whatsoever that may arise, directly or indirectly, out of the life-saving efforts of its teacher and (or) attending parents including, without limiting the generality of the foregoing, bodily injury, death, consequential damages and direct or indirect damages, save and except for damages that arise out of the gross negligence or willful and wanton misconduct of the Hepburn Co-operative Playschool.

Parent/Guardian's Signature _____

Date: _____

Emergency Contact – Person to contact during school hours in the event that the parent/guardian cannot be reached.

Name _____ Phone Number _____

Relationship to Child _____

Child's Doctor _____ Phone Number _____



Consent for Field Trips

I (we) _____, give my (our) consent for my
(parent/guardian full name)

(our) child _____, to attend any field trips as organized by the
(child's full name)

Hepburn Co-operative Playschool during the school year.

- I (we) understand that due notice will be given of the field trip
- I (we) understand that the children will be supervised by the Teacher(s) and other parent members of the Co-operative Playschool.
- I (we) understand that the children will be transported by foot, other parent members of the Co-operative or school bus.
- I (we) understand there are no additional fees for field trips
- I (we) agree to hold harmless the Hepburn Co-operative Playschool, its Teacher and members from any and all costs, claims, damages or demands whatsoever that may arise directly or indirectly, out of activities related to the field trips including, without limiting the generality of the foregoing, bodily injury, death, consequential damages and direct or indirect damages, save and except for damages that arise out of the gross negligence or willful and wanton misconduct of the Hepburn Co-operative Playschool.

Parent/Guardian's Signature: _____

Date: _____



Application for Membership

To: The Board of Directors of the *Hepburn Co-operative Playschool*

I (we) _____
(Parent's Name)

- Hereby apply for membership in the Hepburn Co-operative Playschool and agree to the sum of Ten Dollars (\$10) as a lifetime membership fee.
- On becoming a member, I (we) agree to be bound and to abide by the Bylaws, Policies and Procedures of the Co-operative.

Parent's Signature

Date

Address

Phone Number