

Name:	Relationship to Child:
Phone Number	Cell Phone Number
Address:	City/Province/Postal Code:

ADMIN USE ONLY

M-F Class	
MWF Class	
T/TH AM	
T/TH PM	
Start Date	
Registration Fee	
1 st Month Fee	

MEDICAL INFORMATION:

Immunizations up to date? Yes _____ No _____ if no, please provide reason why: _____

I understand my child, _____, is attending a program where he/she may be in contact with other persons carrying a communicable disease. I do not hold Kidz Choice Preschool liable for exposure to any such disease during the program.

Does your child have any allergies? Yes _____ No _____

If yes, please explain type and typical reactions: _____

Does your child require any emergency medications(s)? Yes _____ No _____

If yes, please list which medication(s) and describe what signs and symptoms your child may have: _____

Would this medication be needed during preschool hours? Yes _____ No _____

The Medical Consent Form MUST be filled out if medication is or may be needed during preschool hours

RELEASE OF LIABILITY: I hereby consent to Kidz Choice Preschool to have care and custody of my child during the times registered, and hereby recognize and acknowledges that Kidz Choice Preschool will not be responsible for personal injury or loss. I give permission for the staff at Kidz Choice Preschool to administer first aid to my child if there is a minor injury. In the event that the injury of my child requires further medical attention and I cannot be located, I hereby consent to Kidz Choice Preschool calling an ambulance if deemed necessary. It is my responsibility for any costs incurred.

Parent/Guardian Signature: _____ Date: _____

GENERAL INFORMATION ABOUT YOUR CHILD

Is this your child's first activity outside the home? Yes _____ No _____

Does your child struggle with speech/language? Yes _____ No _____ if yes, please provide details: _____

Does your child have any behavioral or developmental concerns that you think we should be aware of?

Yes _____ No _____ if yes, please provide details: _____

Has your child spent time with other preschool children? Yes _____ No _____

Anything else you would like us to know about your child?

CHILD GUIDANCE POLICY

The goal of the Child Guidance Policy is to promote the development of self-control and learn problem-solving techniques through positive guidance strategies. The strategies that will be used to encourage appropriate behaviours are: setting clear limits, and age-appropriate expectations, introducing a stable routine, providing a variety of play opportunities, redirecting when necessary, involving children in classroom rules, use of visuals, and modeling an environment mutual respect.

If the teacher/parent together is unable to provide a solution to a behavioral challenge, we ask that a parent/family member accompany the child in the classroom until the behavior has been resolved. If the behavior still occurs after the above attempts the Preschool Director reserves the right to have the child withdrawn from Kidz Choice Preschool. Should a parent or staff member identify concerns with child guidance in the program, they need to bring those concerns immediately to the Preschool Director for prompt attention and action.

A staff member must not, with respect to a child in the program inflict or cause to be inflicted any form of physical punishment, verbal or physical degradation or emotional deprivation; threaten to deny any necessity, or; use or permit the use of any form of physical restraint, confinement or isolation. Without exception, any child guidance provided must always be reasonable in the circumstances.

Staff will be made aware of the policy by reviewing it with the Director/Lead Teacher. The policy will be monitored by the Lead Teacher and the Classroom Assistants. The Child Guidance Policy will be included in the Staff and Parent's Handbook. The staff and parents will be required to sign a form stating that they have received the handbook and understand and agree with the policy. The policy will also be posted in a visible spot in the preschool setting. Where developmentally appropriate, the policy will be shared with the children in a way that encourages them to take an active role in ensuring successful interactions within the classroom environment.

***Important:** I understand that my child must be toilet trained before attending preschool.

(Initial)

Parent/Guardian Signature: _____

PAYMENT & CANCELLATION POLICY

The Alberta Government's Affordability Grants are determined by your child's attendance at the preschool. By signing this form, you acknowledge that these government grants are not payable if your child should miss at least one (1) month of school; for example, you decided to remove your child away from the institution for personal reason, i.e. vacation. You agree to cover the cost of unpaid balance by the government (full month fee as charged by the preschool) if you choose to retain the spot for your child at preschool. Failing to do so, your child will lose his/her spot at the preschool and will be required to re-register.

IMPORTANT: Personal Information Protections Act (PIPEDA): I allow Kidz Choice Preschool to collect my child's information to disclose it to the Alberta and Canadian Federal Government for the use of reporting my child's attendance for participation in the Affordability Grant Program. If I choose not to sign, I agree to pay the FULL monthly fee.

PAYMENT POLICY

Registration and First Month Fee is required before a child may attend Kidz Choice Preschool. These fees are non-refundable. Monthly fees are consistent regardless of professional days, organizational days, statutory holidays, Christmas Break, Spring Break, and student absence or student holidays. Monthly fees are non-refundable once the month in question has commenced. Kidz Choice Preschool accepts the following forms of payment:

- Postdated cheques which are submitted to the preschool office at the time of registration
- Debit and credit cards can be charged monthly via "Square" in the office. **Service fees do apply for Square**
- Cash payments can be made at the beginning of each month
- Interac E-transfer payments can be made payable to: payments@kidz-choice.ca

ALL FEES ARE DUE ON THE FIRST OF EACH MONTH. IT IS EACH FAMILIES RESPONSIBILITY TO ENSURE THAT THEIR FEES ARE PAID ON TIME. A LATE FEE OF \$10.00 PER DAY WILL BE CHARGED ON PAYMENTS MADE AFTER THE FIRST OF THE MONTH.

NSF Fee: \$48

Kidz Choice Preschool understands that there may be times when children will be away from school for an extended period of time. Please notify the office prior to the absence if you have plans for your child to be away from school long-term. Spaces in the classroom are limited and we only accept 24 children per class. Parents who would like their child to continue to be enrolled at Kidz Choice Preschool when they return from their absence will need to continue to pay the monthly fees for the time that the child is away. If parents do not wish to continue to pay the fees, the child will be withdrawn from the program with adequate notice and may be re-enrolled at a later date if that class has space. We cannot guarantee or hold spots for children who have been withdrawn from the program for an extended absence.

LATE PICK UP

At Kidz Choice Preschool there is a \$10.00 charge per 5 minutes for late pick-ups. Classes begin and end promptly at the scheduled time. Please make sure to communicate this information to everyone who is authorized to pick up the child. Late fees are charged to the registered family, not to the individual who was late. Late fees must be paid in cash to the educator who stayed late. Payment must be made by the next class for your child to attend.

WITHDRAWAL POLICY

Must be in written form (email or letter)

September through April – a minimum one (1) month written notice of withdrawal is required on or before the 1st of the month prior to the month leaving, example, if you are withdrawing November 1st, notice must be given **on or before** October 1st.

May and June a minimum two (2) months written notice of withdrawal is required **on or before** the 1st of the month prior to the month leaving. If you are withdrawing May 1st, notice must be given **on or before** March 1st. If you are withdrawing June 1st, notice must be given **on or before** April 1st.

We do not prorate monthly fees for withdrawals. Temporary absences, such as a vacation or illness, will not be deducted from the monthly fees.

I have read and agreed with the **PAYMENT AND CANCELLATION POLICY**

Name

Date



Release of Information Consent Form – Government of Alberta

To best serve your child's needs and register with our program, the Government of Alberta is requesting that all children registered within a licensed child care facility has their hours tracked and submitted each month into the digital Child Care Licensing Portal. Each child will also be given a "unique Child Care Participant Number" once registered into the system.

The government of Alberta may require some or all of the following information:

- Child's Name
- Child's Birthdate
- Home Address
- Parent and/or Guardian Name
- Primary Phone Number
- Parent and/or Guardian Email Address

All information collected by Kidz Choice Preschool and submitted to the Government of Alberta is protected by the Freedom of Information and Protection of Privacy Act (FOIP Act)

I have read, understood and I agree to comply with Kidz Choice Preschools Release of Information Consent Form – Government of Alberta. I hereby give consent to Kidz Choice Preschool to share any necessary and/or required information with the Government of Alberta.

Please print

Child's First Name _____ Child's Last Name _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____



Student Media Release Consent Form

I give permission for my child's image and student work to be published on the Kidz Choice Preschool website/Instagram & Facebook page. I am aware that my child's name will be kept confidential and will not be shown on any of these images or their student work. **PLEASE CHECK ONE:**

- ☐ Please mark this box if you **AGREE** that your child's image and student work may be published.
- ☐ Please mark this box if you **DO NOT WISH** your child's image and student work may be published.

I have read this Student Media Release Consent Form and I fully understand the contents and meaning of this release. I understand that I am free to contact the Principal Educator with any questions regarding this release.

Student's Name: _____

Program: _____

Parent's / Guardian's Name: _____

Parent's / Guardian's Signature: _____

Date: _____



Off Premises Consent Form

Child's First Name _____ Child's Last Name _____

As part of our programming, we occasionally take the children on nature walks, outings to community playgrounds, and outings to local community businesses. For all of these off premises' activities, the mode of transportation used will be walking only, and will always be within reasonable walking distance. I understand that my child will be supervised at all times and that the regulated staff to child ratio will be maintained at all times. Staff will take attendance before they leave, when they arrive at the off-site location, periodically during their time at the off-site location and when they return. All off site activities will be during program hours and a sign will be posted at the door to our program stating where we went, how to reach us while off-site, when we will be leaving and when we will be coming back, along with our staff to child ratio. We will never be off-site for longer than 2 hours.

I understand that I will be notified of any off premises field trips in advance via email and/or verbally at drop off. I understand that most field trips are planned in advance but that occasionally there will be spontaneous outdoor activities if the weather is nice. In these cases, I understand that I will be notified of these when I drop off my child(ren).

The above – named child has my permission to go to and use the following off-site locations listed below, under the supervision of Kidz Choice Preschool staff during the months of September to June of the school year this consent form applies to. By signing this consent form I understand that my child will use these off-site areas listed below as part of the regular programming that takes place at Kidz Choice Preschool during any times of regular class schedule for the purpose of meeting the gross motor development of the children and giving them the opportunity to participate in outdoor recreational activities. I understand that I will be notified of these outings as described above. While the program uses these off-site spaces, I understand the program will adhere to the supervision policy that is provided in the parent handbook and describe above. The mode of transportation used will be walking only and will always be within reasonable walking distance.

- The walking trails immediately behind the preschool – 18 Hidden Creek Road N.W.
- The walking trails behind Hidden Valley Park and Hidden Creek Drive – Hidden Valley Park

For all other non-regular occurring off-site activities (e.g. visits to local businesses), I understand that I will have to sign a separate consent page detailing the activity of each field trip before my child(ren) can attend each field trip.

I understand that there are risks associated with the activities named above. In case of accident or any personal injury of the above named child, I hereby release and discharge Kidz Choice Preschool or any of its directors, employees or parent volunteers, from any claims, actions and causes of action arising from any accident or loss caused by the participation of the child named above during any activity held at this location, or during any off-premises outing or at any location where the program is held, or on route to/from any other activity.

Please note that if you do not give permission for your child to attend an off-site excursion, then your child will not be able to attend the program on any day that we are going to do that off-site activity as all staff will be going to the off-site activity.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____



Kidz Choice Preschool Registration Form 2025-2026

Child's Full Name _____
First Middle Last

Registration Checklist for Parents and Guardians:

- ☐ All pages of the Registration Form have been completed, initialled and signed.
- ☐ All Fees are submitted are to be submitted by" Post-dated cheques, e-Transfer or Cash
 - **Registration Fee \$75.00 (non-refundable)**
 - **1st month fee (non-refundable)**

Note: Registration is considered completed and a spot is guaranteed only if all of the above are submitted.

How did you hear about us? _____

Program Sessions and Monthly Fees (Please ☒ one)

- ☐ **M-F 9:00 a.m. – 4:00 p.m.**
\$326.25 per month
- ☐ **MWF 9:00 a.m. – 4:00 p.m.**
\$230.00 per month
- ☐ **T/TH Morning 9:00 – 12:00 p.m.**
\$200.00 per month
- ☐ **T/TH Afternoon 1:00 – 4:00 p.m.**
\$200 per month

Note: The Affordability Grant is reflected in the fees above. If at anytime the Government withdraws funding, please note the parent portion of fees will change to reflect that. We will notify you via email if this occurs. Class times and fees are subject to change with adequate notice.

I have read, understood and I agree to comply with all the policies of Kidz Choice Preschool including all those listed above and in the Parent Handbook. I understand that Kidz Choice Preschool reserves the right to release my child from the program if there is a failure to comply with the guidelines in the Parent Handbook or failure to make monthly payments.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____



PORTABLE RECORD FORM

STUDENT INFORMATION:

Full Name:	Date of Birth (M/D/Y):
Home Address:	City: Postal Code:
Any health concerns?	Immunizations up to date? Yes_____ No_____
Does your child have any allergies? Yes_____ No_____	If yes, please explain the allergy:
Is your child on any emergency medication? Yes_____ No_____	If yes, please list which medication and describe what signs and symptoms your child may have:
Would this medication be needed during preschool hours? Yes_____ No_____ N/A _____	

PARENTS INFORMATION:

Parent/Guardian Name:	Cell Phone:
Home Address (if same as student, leave blank):	Home Phone:
City: Postal Code:	Work Phone:
Parent/Guardian Name:	Cell Phone:
Home Address (if same as student, leave blank):	Home Phone:
City: Postal Code:	Work Phone:

PORTABLE RECORD FORM (page 2)

EMERGENCY CONTACTS: (other than parent(s)/guardian(s) listed above)

Contact Name:	Cell Phone:
Work Phone:	Home Phone:
Contact Name:	Cell Phone:
Work Phone:	Home Phone:

ADULTS AUTHORIZED TO PICK UP CHILD: (OTHER THAN parent(s)/guardian(s) & emergency contacts)

Contact Name:	Cell Phone:
Work Phone:	Home Phone:
Contact Name:	Cell Phone:
Work Phone:	Home Phone:
Contact Name:	Cell Phone:
Work Phone:	Home Phone: