



## Student Information

Full Name of Child		Preferred First Name	
Date of Birth (M/D/Y)		Male/Female	
Address		City/Postal Code	
Home Phone		Languages Spoken	
Select One Option:	Full Time: Monday to Friday 8:30 to 4:30	<input type="checkbox"/> Will attend a minimum of 100 hours out of approximately 173 available hours per month	
	Part Time: 2 Days per Week 8:30 to 4:30 Check 2 days: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	<input type="checkbox"/> Will attend a minimum of 50 hours out of approximately 69 available hours per month	
	Part Time: 3 Days per Week 8:30 to 4:30 Check 3 Days: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	<input type="checkbox"/> Will attend a minimum of 50 hours out of approximately 103 available hours per month	

## Family Information

Does the child live with both parents? Yes ☐ No ☐

If not, who has custody of the child during preschool hours? \_\_\_\_\_

Is there a custody order in place? Yes ☐ No ☐ If Yes, a copy must be provided with these registration forms.

	Mother (Legal Guardian)	Father (Legal Guardian)
Name		
Address (if different than the child's)		
Home Phone		
Cell Phone		
Work Phone		
Work Address		
Email Address		

## Emergency Contact Information (CANNOT BE Parents and Guardians)

Every effort will be made to contact you in the event of an emergency: however, these people will be contacted if we cannot reach you.

### Emergency Contact #1

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

### Emergency Contact #2

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

## Authorized Pick ups

Please indicate who else is authorized to pick up your child. The staff will request ID. Your child will not be released to people who are not on this list.

Full Name		Relationship		Phone #	
Full Name		Relationship		Phone #	
Full Name		Relationship		Phone #	
Full Name		Relationship		Phone #	

## Health & Medical Information

### Allergies

Does your child have any allergies?	If yes, please explain the allergy?
Is your child on any emergency medication? (Epi-pen, inhaler) Yes <input type="checkbox"/> No <input type="checkbox"/>  Would this medication be needed during child care hours? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please list which medication and describe what signs and symptoms your child may have.

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

### Immunizations

Immunizations up to Date:	Yes <input type="checkbox"/> No <input type="checkbox"/>
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.	
Parent Signature	Date

### Additional Health Considerations

Behavior Concerns	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Details:
Speech/Development Concerns	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Details:
Medical Conditions	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Details:
Functional Delays	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Details:
Is your child currently supported by an aid from an agency (GRIT, I'm for Kids, etc)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please provide details:

## 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 acknowledge 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 Signature

Date

## General Information

What are your child's interests or favourite activities?

Does your family have any cultural practices, languages, or holidays you'd like us to honour or be aware of?

How would you describe your child's personality?

Has your child spent time in activities or care settings outside your home? How do they handle new situations or environments?

How does your child express frustration, excitement, or big emotions?

Is there anything else you'd like your child's educators to know?

## Siblings

Name & Age	
Name & Age	
Name & Age	
Name & Age	

## Important Policies and Acknowledgements

### Guiding Behaviour

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 behaviors are:

- Setting clear limits & boundaries
- Age-appropriate expectations
- Introducing a stable routine
- Providing a variety of play opportunities
- Logical and natural consequences
- Positive reinforcement and encouragement
- Redirecting when necessary
- Involving children in classroom rules
- Use of visuals
- Modeling an environment of mutual respect.

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 basic 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 review this policy with the Director/Lead Teacher and it will be included in both the Staff and Parent Handbooks. Staff and parents will sign to confirm they have received, understood, and agree to the policy. The Lead Teacher and Classroom Assistants will monitor its implementation, and the policy will be posted in a visible area of the preschool. When developmentally appropriate, the policy will also be shared with children in ways that help them support positive interactions in the classroom.

I understand and agree to the Guiding Behavior Policy:

Parent Signature	Date

### Right of Exclusion Policy

At Kidz Choice Preschool, we are committed to providing a safe, respectful, and supportive environment for all children, families, and staff. While our goal is always to partner with families and work through challenges together, there may be rare and exceptional situations in which the preschool must make the difficult decision to terminate care.

Termination of care may be considered when:

- A family is unwilling to follow the policies and procedures outlined in this handbook.
- A child's or parent/caregiver's behaviour is consistently disruptive to the classroom environment, disrespectful to staff, or threatening to the well-being of others.
- A child's needs exceed the level of support that Kidz Choice Preschool is able to safely and effectively provide.

If concerns arise regarding a child's behaviour, we will communicate with families promptly and collaborate on strategies to support the child. However, if behaviour does not improve over time, or if a parent is unwilling to work with staff to implement support plans, termination of care may become necessary.

Kidz Choice Preschool does not tolerate aggression toward other children or staff, including behaviours such as biting, hitting, or pushing. Should aggression occur, parents will be notified, and we will work together to develop strategies to help the child succeed. If a child continues to display aggressive behaviour that places others at risk, the preschool reserves the right to withdraw the child from the program until the behaviour has resolved.

If a parent or staff member has concerns regarding child guidance practices within the program, they must bring these concerns directly to the Preschool Director for timely review and action.

Our commitment is always to approach challenges with compassion, professionalism, and a focus on the wellbeing of every child in our care.

I understand and agree to the Right of Exclusion Policy:

Parent Signature	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 have 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 to the Government of Alberta. If I choose not to sign, I agree to pay the FULL monthly fee.

I hereby give consent to Kidz Choice Preschool to share the above information with the Government of Alberta.

Parent Signature	Date

Student Media Release

I give permission for my child to be photographed as part of the curriculum at Kidz Choice Preschool. All photos are for internal use and our password protected gallery on our website.

Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Parent Signature	Date

I give permission for my child's image and student work to be published on the Kidz Choice Preschool's Facebook and Instagram page. I understand that I am free to contact the director with any questions regarding this release.

Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Parent Signature	Date

### Off Premise Consent

As part of our regular programming, we may take children on nature walks, visits to community playgrounds, and outings to nearby community businesses. All off-premises activities will be within reasonable walking distance, and walking will be the only mode of transportation.

Your child will be supervised at all times, and regulated staff-to-child ratios will always be maintained. Staff will take attendance before leaving, upon arrival, periodically during the outing, and when returning. All off-site activities will occur during program hours. A sign will be posted on our door indicating our destination, staff contact information, departure/return times, and our ratio. We will never be off-site for more than 2 hours. For any non-regular off-site field trips a separate consent form will be required for each trip

Families will be notified of off-premises outings in advance by email and/or verbally at drop-off. While most field trips are planned, occasional spontaneous outdoor outings may occur based on weather; families will be notified of these at drop-off.

By signing this form, I give permission for my child to visit and use the following regular off-site locations from September to June as part of Kidz Choice Preschool's programming:

- Walking trails behind the preschool (18 Hidden Creek Road NW)
- Walking trails behind Hidden Valley Park / Hidden Creek Drive (Hidden Valley Park)

These outings support children's gross motor development and outdoor play opportunities. All supervision will follow the program's supervision policy outlined in the Parent Handbook.

I understand that there are risks associated with the activities listed above. In the event of an accident or injury, I release Kidz Choice Preschool, its directors, employees, and volunteers from claims or actions resulting from participation in these activities or travel to/from them.

Please note: If permission is not granted, your child will be unable to attend the program on days when the class participates in an off-site activity, as all staff will be off-site.

I hereby give consent for the off premise activities listed above:

Parent Signature	Date

### Preschool Sunscreen Policy

Outdoor play is an important part of our daily routine, and we want to ensure that children are protected from the sun while enjoying their time outside.

We ask parents to review the following options and indicate their preference for their child's sunscreen use:

<input type="checkbox"/> I will provide my child's own sunscreen, labeled with their name (no aerosol sprays, only lotion)	
<input type="checkbox"/> I give permission for preschool staff to apply preschool-provided sunscreen (a broad-spectrum, child-safe sunscreen that is SPF 30 or higher)	
<input type="checkbox"/> I do not wish for my child to wear sunscreen during outdoor play.	
Parent Signature	Date

### 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 (NSF fee: \$48)
- Debit and credit cards can be charged monthly via "Square" in the office. **Service fees do apply.**
- Cash payments can be made at the beginning of each month
- Interac E-transfer payments can be made payable to: [payments@kidz-choice.ca](mailto:payments@kidz-choice.ca)

All fees are due on the first of each month. It is each family's responsibility to ensure that their fees are paid on time. A late fee of \$10 will be charged on the first day fees are overdue, and \$5 per day will be added each additional day until fees are paid in full.

I understand and agree to the Payment Policy:

Parent Signature	Date

### Affordability Grant & Fees

The Affordability Grant is reflected in our fees. If at any time the Government withdraws funding or makes changes to grant amounts, 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 understand and agree to the policies regarding the Affordability Grant and Fees:

Parent Signature	Date

### Attendance Hours & Absences

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 reasons, 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. You are registering with the intent to attend a specific number of hours, as required by the Alberta Affordability Grant. If the required hours are not met, you may be responsible for the full monthly fee based on your registered hours. This is subject to the terms of the Affordability Grant and the hours submitted each month.

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.

I understand and agree to the policy regarding attendance hours and absences:

Parent Signature	Date

### Withdrawal Policy

Written notice of withdrawal (by email or letter) is required. From September to April, families must provide one month's written notice on or before the 1st day of the month prior to the month of withdrawal. For example, to withdraw on November 1st, notice must be given by October 1st. For May and June, two months' written notice is required on or before the 1st day of the month prior to the withdrawal month (e.g., notice for a May 1st withdrawal is due by March 1st; notice for a June 1st withdrawal is due by April 1st). Monthly fees are not prorated, and temporary absences (such as vacations or illness) do not reduce monthly fees.

I understand and agree to the withdrawal policy:

Parent Signature	Date

### Late Pick up Policy

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 before the next class for your child to attend.

I understand and agree to the late pick up policy:

Parent Signature	Date

**I have received, read, understand, and agree with all policies in the Parent Handbook:**

Parent Signature	Date





## Kidz Choice Preschool Registration Form 2026-2027

Child's Name		Parent's Name	
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### Registration Checklist for Parents/Guardians

<input type="checkbox"/> All pages of the registration package are completed and signed
<input type="checkbox"/> \$75.00 Registration fee paid (non-refundable)
<input type="checkbox"/> First month fee paid (non-refundable)
How did you hear about us:

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

### Program Sessions and Monthly Fees (Please ☒ one)

The schedule you select at registration is the schedule your child is expected to attend. Any changes to registered schedules require adequate notice and are subject to available space.

☐ Full Time: 8:30 a.m. – 4:30 p.m.  
\$326.25 per month (must attend 100 hours per month)

☐ 2 Days per Week 8:30 a.m. – 4:30 p.m.  
\$230.00 per month (must attend 50 hours per month)

**Check 2 days:**   ☐ M   ☐ T   ☐ W   ☐ TH   ☐ F

☐ 3 Days per Week 8:30 a.m. – 4:30 p.m.  
\$230.00 per month (must attend 50 hours per month)

**Check 3 days:**   ☐ M   ☐ T   ☐ W   ☐ TH   ☐ F

**Note: The Affordability Grant is reflected in the fees above. If at any time the Government withdraws or changes 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.**

### ADMIN USE ONLY

Start Date	
Withdrawal/End Date	
Registration Fee	Yes <input type="checkbox"/> No <input type="checkbox"/>
First Month Fee	Yes <input type="checkbox"/> No <input type="checkbox"/>
Handbook Received	Yes <input type="checkbox"/> No <input type="checkbox"/>