

FEE PAYMENT FORM – 2019/2020 CAMROSE AND DISTRICT PRE-SCHOOL SOCIETY

A Child's name (First) _____ (Last) _____

B Parent's name (First) _____ (Last) _____

C Child's class: Please check (✓) the class you are registering your child in.
(Please note W/F p.m. opens only if other classes fill, you must confirm this class is open by speaking to the Pre-School Director.)

Four (4) Year Old Class	T/T a.m. 8:45 – 11:15 a.m.	T/T p.m. 12:30 – 3:00 p.m.	W/F a.m. 8:45 – 11:15 a.m.	W/F p.m. 12:30 – 3:00 p.m. (This class is not open until the other 4 year old classes are full.)
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Three (3) Year Old Class	Monday (1) 9:00 – 11:00 a.m.	Monday (2) 12:30 – 2:30 p.m.
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Registration Fee: A one-time \$35.00/family non-refundable fee is due upon registration.

D Options for Payment:

1. Post Dated Cheques

**A. Twice/Week Class (4 year old program) - \$95.00 regular fee
Make cheques payable to CDSS. On each cheque, please print your child's name.
Payments come out starting August 20, 2019**

- 10 post-dated cheques (\$95 each) dated August 20, 2019 through May 20, 2020
- 1 post-dated cheque (\$950) dated August 20, 2019
- 2 post-dated cheques (\$380) dated August 20, 2019 & (\$570) dated January 20, 2020

**B. Once/Week Class – 3 year old program - \$55.00 regular fee
Make cheques payable to CDSS. On each cheque, please print your child's name.
Payments come out starting August 20, 2019**

- 10 post-dated cheques (\$55 each) dated August 20, 2019 through May 20, 2020
- 1 post-dated cheque (\$550) dated August 20, 2019
- 2 post-dated cheques (\$220) dated August 20, 2019 & (330) dated January 20, 2020

2. Pre-authorized Debit

- Please Complete Pre-authorized Debit Agreement and all required information

3. Debit Machine – CDSS has Debit Machine to make your payments more convenient.

Information collected on these forms is subject to the Freedom of Information and Protection of Privacy Act.
 The information will be used solely for the purpose of Ca mrose & District Pre-School Program.
 For more information, contact Maria Lobreau, Pre-School Program Director at 672-0141.

CAMROSE & DISTRICT PRE-SCHOOL REGISTRATION INFORMATION FORM 2019/2020

CHILD'S NAME _____

DATE OF BIRTH: Month _____ Day _____ Year _____

HOME ADDRESS _____
Street address in City of Camrose or Legal Land description in County

Gender: Male Female **Class** _____

MOM'S NAME _____
Last Name First Name

DAD'S NAME _____
Last Name First Name

MOM'S ADDRESS _____
Street address in City of Camrose or Legal Land description in County

DAD'S ADDRESS _____
Street address in City of Camrose or Legal Land description in County

MOM'S MAILING ADDRESS: _____

DAD'S MAILING ADDRESS: _____

CITY/POSTAL CODE: _____

CITY/POSTAL CODE: _____

We reside in City of Camrose County of Camrose Village of (Name Village) _____ or

Outside the County of Camrose (Name Municipality) _____

MOM'S HOME PHONE _____ Cell _____

DAD'S HOME PHONE _____ Cell _____

EMAIL ADDRESS _____

EMAIL ADDRESS _____

MOM'S EMPLOYER NAME _____

DAD'S EMPLOYER NAME _____

MOM'S EMPLOYER'S PHONE _____

DAD'S EMPLOYER'S PHONE _____

ALL PERSONS TO WHOM CHILD MAY BE RELEASED (Emergency or Non-Emergency) Please give local contacts only, EXCLUDING THE ABOVE. (Must reside within 15 minute drive from Camrose).

1. NAME _____ **PHONE** Home: _____ Work: _____ Cell: _____

Street Address in City of Camrose or Legal Land description in County _____

Relationship of individual to child: _____

2. **Names and Phone Numbers of other people I give permission to pick up my child:** _____

NAME ANYONE NOT ALLOWED ACCESS TO YOUR CHILD: _____

Relationship of individual(s) not allowed access to your child _____

CAMROSE AND DISTRICT PRE-SCHOOL MEDICAL FORM

CHILD'S NAME: _____ Alberta Health Care No. _____ - _____

List local physician & phone number (includes Camrose and or Daysland only)

Dr. _____ Phone Number: _____

If no local physician, please select a local clinic of your choice:

Smith Clinic: 780-672-2423 Gemini Clinic: 780-672-9850 Daysland Medical Clinic: 780-374-3944

IMMUNIZATION RECORD

Licensing requires that you inform Pre-School whether or not your child has been immunized, but does not require a copy of the immunization.

Is your child's immunization up to date? YES NO If no, please talk to the Preschool Director

Provide details of any ongoing or recurring medical problems or conditions. Include information about any vision, hearing or speech difficulties.

Preschool staff will only administer anaphylactic medication.

Should a life threatening emergency occur, is there any medical treatment that you would **not** wish your child to have?

OTHER COMMENTS _____

I/We understand that if an emergency should occur, the Pre-School will make every effort to contact me/us, the parent(s) or the emergency contacts. Should they be unsuccessful in locating me/us, I/we authorize any and all employees of the Camrose & District Pre-School to sign for emergency medical treatment of my/our child, including transportation by ambulance if deemed necessary.

I/We also give permission to the attending physician to treat my/our child for illness or injury as is necessary under these circumstances. This release form will be in effect from the date below until termination of enrolment.

Date _____ Parent/Guardian Signature _____

Witness _____
(Other than immediate family)

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For more information contact Marai Lobreau, Program Director at 672-0141.

PHOTO PERMISSION

Throughout this year photographs of our pre-school program and children will be taken for educational, publicity and presentation purposes. These photographs will be representative of the enriching experiences offered to your child during the school year so we can share, through pictures, with other families and the community. Please note that photos and/or videos of school activities that are open to the general public may be taken by the public and used for purposes within and outside of the pre-school. The pre-school may not be able to restrict such activity at public events and requests that all parents use discretion when posting photos of their children to social media sites such as Facebook that may include other children.

Please check your choice:

_____ I DO give permission for my child/ren _____ to be photographed for use in educational and promotional publications (ie; brochure, handbook, newspaper), presentations, CDSS website, CDSS Facebook page and Camrose & District Pre-School Facebook page. This permission is applicable for current as well as future projects for this school year.

_____ I DO give LIMITED permission for my child/ren _____ to be photographed for use in educational, promotional publications (ie; brochure, handbook, newspaper) and presentations ONLY. This permission does NOT allow my child's photo to be used on the CDSS website as well as the CDSS Facebook page and Camrose & District Pre-School Facebook page.

_____ I DO NOT give permission for my child/ren _____ to be photographed for use in educational, promotional publications (ie; brochure, handbook, newspaper), presentations, CDSS website, CDSS Facebook page and Camrose & District Pre-School Facebook page.

DATE _____ PARENT'S SIGNATURE _____

DISCIPLINE POLICY

I have read and agreed with the Discipline Policy of Camrose and District Pre-School Society as per the policy manual.

DATE _____ PARENT'S SIGNATURE _____

FREEDOM OF INFORMATION & PROTECTION OF PRIVACY ACT

I/We, _____, hereby give permission to share our name and phone number with other Pre-school parents for the purposes of communicating necessary information relating to the Pre-School operation.

DATE _____ SIGNATURE _____

Off Site Activity Permission

I/We _____ hereby give permission for my/our child/ren _____

to attend activities outside the Pre-School classroom, specifically the Field House in the Camrose Community Centre and outside said building on the Soccer Field, as well as within a maximum of a 4 block radius of the Camrose Community Centre. The children will be supervised by the two primary staff members. Mode of transportation is walking.

DATE _____ SIGNATURE _____

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Allergies

*If there are no allergies, please sign and mark **NOT APPLICABLE** or **N/A**.*

Child's Name:		Class:
Parent's Name:		
Phone:	Home:	Work:

My child is allergic to: (please list food, drugs, or other) _____

My child **should avoid consumption** of: (please list food, drugs, or other) _____

List Signs and Symptoms (be specific): _____

This allergy is: **Mild** **Moderate** **Severe** (Please be specific)

I entrust Pre-School staff to do the following upon an allergic reaction: **(Be specific about steps to take, i.e, step 1; step 2; step 3, etc.)**

PRE-SCHOOL STAFF WILL ONLY ADMINISTER ANAPHYLACTIC MEDICATION (EPI-PEN). If your child requires an EPI-PEN, this medication must be left with the Pre-school staff with the signed Anaphylaxis Emergency Plan Form.

I understand that it is my responsibility to inform the Camrose & District Pre-School if there are any changes to the above.

Parent's Signature

Date

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For more information contact the Pre-School Director at 672-0141.

Volunteer Opportunities Form

Name: _____	Phone: _____	Class: _____
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Volunteer Opportunities

There will be opportunities to volunteer both in the classroom and for special events – staff will inform parents as these opportunities arise.

We need Volunteers to Help on our Board

Volunteer on the Board

Annual Meeting is June 3, 2019 in the Community Centre. **Please consider volunteering to be on our parent board. At this meeting current board members will speak about their role on the board.**

Following is a list of Board Positions:

- **Chair**
- **Vice Chair**
- **Secretary**
- **Treasurer**
- **Fundraising Chair**
- **Publicity Coordinator**
- **Special Events Coordinator**
- **Casino Chair**

Job Descriptions for all these positions are available from the Pre-School office and on the Pre-School Website (www.camrosefcss.ca) or you can call Maria Lobreau, Pre-School Program Director @ 780-672-0141 for more information.

Class: _____

CAMROSE & DISTRICT PRESCHOOL, a program of CDSS PAYOR'S PERSONAL PAD (PRE-AUTHORIZED DEBIT) AGREEMENT

I authorize Camrose & District Support Services, on behalf of Camrose & District Preschool, to begin deductions for the monthly Pre-School fees of \$_____. My child, _____, is registered in the 2019/2020 Pre-School year.

- The first deduction will commence _____ and will continue on the 20th of each month, through to May 20, 2020; (if the 20th falls on a weekend, deduction will be on the Monday) according to the personal, financial and account information listed below.
- This agreement can be cancelled at any time, upon CDSS receiving written notice 10 days to the transmission date of the 20th. A cancellation form is on our website for your use at www.camrosefcss.ca or visit www.cdnpay.ca.
- If an electronic payment is rejected due to non-sufficient funds, you will be contacted for re-payment of rejected payment. If electronic payment is rejected due to non-sufficient funds for 2 consecutive months, we will cancel the PAD agreement and make arrangements with you for other methods of payment.
- You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement.
- To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca.

I authorize the Payee, Camrose & District Support Services, to debit my bank account for the amount of

PERSONAL INFORMATION		
NAME:	_____	
ADDRESS:	_____	
POSTAL CODE:	_____	Province: _____
PHONE:	_____	
	Home	Cell
FINANCIAL INFORMATION		
BANK NAME:	_____	
BANK ADDRESS:	_____	PHONE: _____
ACCOUNT INFORMATION		
Transit Number (consists of 5 numbers)	Financial Institution	Account Number
or Void Cheque		

\$ _____, on the 20th of the month as indicated by the schedule above, or the next business day.

Authorized Signature

2nd. Authorized Signature, if Joint Account

Date

254

DATE _____

PAY TO THE ORDER OF _____ | \$ _____

_____, / 100 DOLLARS

MEMO _____ PER _____

|| 254 || | 01700 || 803 || 87 || 10327 ||

Cheque
Number

Transit
Number

Financial
Institution
Number

Account
Number