

# FEE PAYMENT FORM – 2011/2012 CAMROSE AND DISTRICT PRE-SCHOOL SOCIETY

1. Child's name (First) \_\_\_\_\_ (Last) \_\_\_\_\_ Date Registered \_\_\_\_\_

2. Child's class: Please check (✓) the class you are registering your child in.

<b>Four (4) Year Old Class</b>	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.
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<b>Three (3) Year Old Class</b>	Monday (1) 9:00 – 11:00 a.m.	Monday (2) 12:30 – 2:30 p.m.
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**Make cheques payable to: CDSS**  
**On each cheque, please print your child's name and pre-school class**  
 (e.g., T/Th a.m.; T/T p.m.; W/F a.m.; W/F p.m.; Monday (1) Monday (2))

Policy information regarding Fees & NSF cheques can be found in the Parent Handbook.

3. Fees enclosed (please check one only)

**A. Twice/Week Class (4 year old program) - \$75.00 regular fee**

- 10 post-dated cheques (\$75 each) dated August 20, 2011 through to May 20, 2012 (1 for each month.)
- 1 post-dated cheque (\$750) dated August 20, 2011
- 2 post-dated cheques (\$300) dated August 20, 2011 & (\$450) dated January 20, 2012

**B. Once/Week Class – 3 year old program - \$40.00 regular fee**

- 10 post-dated cheques (\$40 each) dated August 20, 2011 through to May 20, 2012 (1 for each month.)
- 1 post-dated cheque (\$400) dated August 20, 2011
- 2 post-dated cheques (\$160) dated August 20, 2011 & (\$240) dated January 20, 2012

**C. Subsidies may be available depending on income.** Please talk to the Program Director for information on subsidies.

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# Volunteer Opportunities Form

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Class: \_\_\_\_\_

## **Fundraising**

The fundraising committee is an appointed group of parents who volunteer their time to organize a lucrative, but simple fundraiser. The fundraising chairperson (a board member) coordinates the annual fundraiser for Pre-School. She/he will need helpers from each class to do a variety of tasks. This is a fairly short term commitment – just for the duration of the fundraiser.

Check Here ✓  **Yes, I would be willing to help on the fundraising committee.**

## **Resource People**

One aspect of Pre-School has involved resource people from the community coming to Pre-School and sharing their talents. Do you have any suggestions of possible resource people?

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## **Other Volunteer Opportunities**

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

## **Volunteer on the Board**

Annual Meeting is **Monday, May 30, 2011 @ 7:00 p.m. 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
- Parent Helper Coordinator
- Phone Coordinator

Job Descriptions for all these positions are available from the Pre-School office and on the Pre-School Website ([www.camrosefcss.ca](http://www.camrosefcss.ca)) or you call Barbara Benyon, Program Director @ 672-0141 for more information.

**CAMROSE & DISTRICT PRE-SCHOOL REGISTRATION INFORMATION FORM**

CHILD'S NAME \_\_\_\_\_ DATE OF BIRTH: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ Gender: Male  Female  Class \_\_\_\_\_  
**Street Address or Legal Land Description**

MOM'S NAME \_\_\_\_\_ DAD'S NAME \_\_\_\_\_  
Last Name First Name Last Name First Name

MOM'S ADDRESS \_\_\_\_\_ DAD'S ADDRESS \_\_\_\_\_  
**Street Address or Legal Land Description Street Address or Legal Land Description**

**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 or Legal Land Description \_\_\_\_\_  
Relationship of individual to child \_\_\_\_\_

**Additional Names and Phone Numbers of people who will be picking up your child from Preschool** \_\_\_\_\_  
\_\_\_\_\_

**Name anyone not allowed access to your child** \_\_\_\_\_

**Relationship of individual(s) not allowed access to your child** \_\_\_\_\_

**PHOTO PERMISSION**

I, \_\_\_\_\_, hereby release for publication or telecast in any news medium, the photograph of my  
child's name \_\_\_\_\_ DATE \_\_\_\_\_ 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 \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**FREEDOM OF INFORMATION & PROTECTION OF PRIVACY ACT**

I/We, \_\_\_\_\_, hereby give permission to share parent's name and phone number with other  
pre-school parents for the purposes of communicating necessary information relating to the Pre-School operation.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

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# CAMROSE AND DISTRICT PRE-SCHOOL MEDICAL FORM

CHILD'S NAME: \_\_\_\_\_ Alberta Health Care No. \_\_\_\_\_ - \_\_\_\_\_

CHILD'S PHYSICIAN \_\_\_\_\_ PHYSICIAN OFFICE PHONE \_\_\_\_\_

**(Must list local physician – includes Camrose and or Daysland only)**

If **no** local physician, please name a local clinic: \_\_\_\_\_

## **IMMUNIZATION RECORD**

Licensing requires that the Pre-School know 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 Barbara Benyon, Preschool Director**

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

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Preschool staff will only administer antidote/allergy/seizure medications on an emergency basis.

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

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OTHER COMMENTS \_\_\_\_\_

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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 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 Program Director at 672-0141.

# Allergy Instructions

*If there are no allergies, please sign and mark **NOT APPLICABLE**.*

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

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

- 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.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that it is my responsibility to inform the Pre-school if there are any changes to the above.

\_\_\_\_\_  
Parent's Signature \_\_\_\_\_  
Date

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