



Kiddies Korner Playschool 4-Year-Old Class Registration Form 2025–2026 School Year

1. Student Information

Child's Full Name:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Date of Birth (DD-MM-YYYY):	Mailing Address:
Street Address / Land Description:	

2. Parent / Guardian Information

Mother's Name:	Home Phone:	Work Phone:	Cell Phone:	Email:
Father's Name:	Home Phone:	Work Phone:	Cell Phone:	Email:

3. Medical Information

The following information is collected only for the purpose of obtaining/providing medical attention in an emergency or when a parent or guardian cannot be reached during your child's attendance at playschool

<u>Alberta Health Care Number:</u>
<u>Child's Doctor:</u>
<u>Phone Number:</u>
<u>Address:</u>
<u>Medications:</u> <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please fill out the medical consent form to specify type and frequency)
<u>Allergies:</u> <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, What and how severe)

Special Instructions / Conditions

(Instructions or conditions that may affect your child while at playschool)

4. Class Preferences 8:20am- 11:50am

We will do our best to place your child in your preferred days. However, final placement may be adjusted based on registration numbers to ensure balanced class sizes.

☐ Monday/ Wednesday ☐ Tuesday/ Thursday

5. Emergency Contacts (Person to contact if parents are unable to be reached)

Name	Relationship	Phone	Address

6. Authorized Pickup Persons Parents/guardians or a designated person (at least 16 years of age) MUST attend to pickup your child at the end of each class. Children will NOT be permitted to leave on their own, and no person other than a parent/guardian or person designated here, will be allowed to collect your child (unless other arrangements for a specific occasion have been made ahead of time.)

Name	Phone

7. Permissions & Agreements

Field Trips: I hereby give permission for my child to go on field trips and outings with the staff & children of Kiddies Korner Playschool.

☐ Yes ☐ No Parent Initials: ____

Phone/ Email List: I hereby give permission to include the name and phone number or email of parents and my child on a class list that may be made available to any phoning committee or other parents in playschool.

☐ Yes ☐ No Parent Initials: ____

Photographs: I hereby give permission that any in-class pictures of my child can be used for playschool related articles or information media.

☐ Yes ☐ No Parent Initials: ____

Disciplinary Policy: Administration of discipline is required to maintain order and provide a safe and healthy environment for all children and staff at Kiddies Korner Playschool. The following disciplinary policy is in effect for all classes.

1. The teacher, aid, or volunteer will speak with the child/children involved, and will redirect the child or children when necessary.
2. The teacher, aid, or volunteer will try to get the child to express his/her feelings and solve the problem one on one.
3. When necessary, a "cool down time" will be utilized wherein the child will be asked to sit quietly away from other children for a short time to calm down.
4. In extreme situations, parents/guardians may be called to attend playschool to deal with their child.
5. Recurring behavioral problems will be brought to the attention of parents/guardians. I acknowledge and agree to the disciplinary policy above:

☐ Yes ☐ No Parent Initials: _____

WAVIER AGREEMENT

I, _____, acknowledge and accept that although reasonable precautions are taken to ensure the safety and well-being of all children attending Kiddies Korner Playschool, accidents may occur. I hereby release and save harmless Kiddies Korner Playschool, its staff, volunteers and executive from any liability for any injury that may result while on the premises of Kiddies Korner Playschool or while on approved field trips. I certify the above medical information to be accurate to the best of my knowledge. I give Kiddies Korner Playschool and qualified staff permission to administer first aid treatment and/or to seek assistance from qualified medical personnel including at local medical clinics or the hospital, and to transport my child to any local clinic or hospital.

Parent/Guardian Signature: _____ Date: _____

9. Fees & Payment

A fundraising deposit is required for each child registered in Kiddies Korner, prior to attending the program. This fee is payable upfront and holds parents accountable for volunteering their time. It will be refunded in May if volunteer requirements are met. If you wish to pay your fundraising fee in full and opt out of volunteering please check the box below.

The full year fee for the 4-year-old program is \$475, and the fundraising deposit is \$250 Please indicate your payment method:

☐ Full Payment: \$725 (due September)

☐ Two Payments: \$435 (due September) + \$290 (due Jan 1)

☐ I wish to pay my fundraising fee in full and opt out of volunteering (non-refundable)

E-transfers can be made to kkps.executive@gmail.com

Office use only:

Registration/ insurance fee \$20

Paid: Yes _____ No _____

Date paid: _____