

**Rock of Ages Preschool**  
**Registration Package**  
**2018 - 2019**

PLEASE PRINT LEGIBLY AND COMPLETE ALL THE BLANK AREAS BELOW

**You are registering your child in the following session offered:**

- MONDAY, WEDNESDAY & FRIDAY 9:15am - 11:30am (3 and 4 year old)**
- MONDAY, WEDNESDAY & FRIDAY 12:45 - 3:00pm (3 and 4 year old)**
- I have checked off a box above, but my preference is Tuesday/Thursday morning, should it be offered.**

**Registrations are on a first come, first serve basis. A waiting list will be kept and you will be called if space opens up.**

**Children must be three years old and toilet trained (they must be able to use the bathroom facilities including wiping, flushing, and washing hands with no adult assistance).**

**Please note all cheques must accompany the application for your child to be registered.**

## GENERAL INFORMATION

How did you hear about us?		Advertising
		Friend
		Other (please specify) _____

## Child's Contact Information

Last Name:			
First Name:		Male	Female
Address:			
Postal Code:		Telephone Number:	
SHSP (Hospitalization) Number:			

## Child's Birthday

Month:		Day:		Year:	
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## Mother's Contact Information

Full Name:	
Work /Mobile Telephone Number:	
Email Address:	

## Father's Contact Information

Full Name:	
Work/Mobile Telephone Number:	
Email Address:	

## TRANSPORTATION & DISMISSAL AUTHORIZATION RELEASE

I, (parent/guardian) \_\_\_\_\_ authorize permission for my child, \_\_\_\_\_ to participate in any field trips encountered during the preschool year. I will be notified in advance when these field trips are scheduled. Further, I understand that if transportation is required, it will be provided by volunteer parents or by renting a bus.

I, (parent/guardian) \_\_\_\_\_ hereby authorize you to release my child to the following people:

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1.

3.

2.

4.

This list shall remain in effect unless I change it in writing and provide the written notice to Rock of Ages Preschool

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Signature:

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Date:

## MEDICAL INFORMATION

### Health Problems

	None
	Allergies (please specify)
	Sight/Hearing/Speech Difficulties (please specify)
	Other - Please tell me about your child....fears, behavior issues, great qualities you see in them, any concerns you have about them adjusting to preschool.

### Doctor's Contact Information

Doctor's Name:	
Telephone Number:	

## EMERGENCY TREATMENT RELEASE

I, (parent/guardian) \_\_\_\_\_ hereby give consent for my child, \_\_\_\_\_ to receive emergency treatment if deemed necessary by a qualified attending physician. I understand that every effort will be made to contact the parent/guardian on the occurrence of such an emergency. However, in the event that I am not able to be contacted, please notify (name of third party) \_\_\_\_\_ who is known by my child as (relationship to child) \_\_\_\_\_. This person is a responsible third party who is normally available during preschool hours at the following telephone number: (third party phone number) \_\_\_\_\_.

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Signature:

Date:

Student Name \_\_\_\_\_ M/W/F

- Morning                       Afternoon

Payment Option #1

- Registration \$25.00
- Fundraising \$50.00
- September - December \$340.00 MWF
- January - May \$425.00 MWF
- Toy Wash - \$25.00
- Late Pick Up \$10.00

Payment Option #2

- Registration \$25.00
- Fundraising \$50.00
- September - November \$255.00
- Late Pick Up \$10.00
- December - February \$255.00
- March - May \$255.00
- Toy Wash - \$25.00

Payment Option # 3

- Registration \$25.00
- Fundraising \$50.00
- September \$85.00
- October \$85.00
- November \$85.00
- December \$85.00
- January \$85.00
- February \$85.00
- March \$85.00
- April \$85.00
- May \$85.00
- Toy Wash - \$25.00
- Late Pick Up \$10.00

## TOY WASH

Rock of Ages Preschool will be having three toy washes for the school year to ensure our children play in clean surroundings. These dates will occur in November, February, and June and usually take one hour. One parent per family is required for only one of these dates. Please indicate the month that suits you best. A \$25.00 cheque dated for September 1, 2018 is required and will be cashed if you or someone in your place is not able to help out.

By signing below, I acknowledge the above information.

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Signature:

Date:

Preferred Month:

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## ENROLLMENT AGREEMENT

The following agreement has been made between:

Rock of Ages Preschool

and

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(Parent/Guardian)

That the parent/guardian wishes to enroll:

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(Child)

and hereby agrees to abide by the following regulations if the child is accepted into  
Rock of Ages Preschool.

## Payment Regulations

1. The following cheque, made payable to **Rock of Ages Church** must accompany the registration form. Any cheques to be returned will be returned by May 31, 2019.
  - A. **Registration Fee** - a cheque with current date covering the **\$25.00** fee (non-refundable). Parents of multiples need only pay one registration fee.
  - B. **Late Pick-up Fee** - a \$10 cheque dated September 1, 2018
  - C. **Monthly Tuition** - Three payment options are available for tuition fees:
    - i. Two post-dated cheques for September - December and January - May tuition.
    - ii. Three post-dated cheques for September - November, December - February, and March - May.
    - iii. a series of nine post-dated cheques, dated for the first of every month for \$85.00, beginning with September and ending in May
  - D. **Fundraising Buyout** - a cheque for \$50 dated September 1, 2018 is required in lieu of fundraising (this will pay for field trips and supplies for the classroom)
  - E. **Toy Washing Fee** - a \$25.00 cheque dated for September 1, 2018 is required and will be cashed if you or someone in your place is not able to help out.
  - F. **Registration** - to guarantee your child's spot all cheques **must** be received by the preschool with your registration package.

## POLICIES

1. Should the parent/guardian wish to withdraw the child, 30 days **WRITTEN** notice must be received by the preschool teacher by the first of the month.
  - a. If notice of 30 days is not given upon withdrawal of the child from preschool, the following one month's tuition will be retained and all other post-dated cheques returned to the parent/guardian.



- b. If the child is withdrawn in the last month of the preschool term, item (a) above will not apply
  - c. No refund will be made until written notice is received.
2. The parent/guardian will assume full responsibility for the child's safe conduct to and from preschool. This includes accompanying the child into the preschool classroom, undressing, removing outside footwear, and putting on shoes. Families are welcome to arrive at 9:10 for the morning class and 12:40 for the afternoon class. The child must be picked up promptly after each class.
3. Any property that is not picked up by May 31, 2019 will be donated to Salvation Army.
4. The parent/guardian gives consent for the child to receive any medical care deemed necessary if unavailable in an emergency situation.
5. If the child is ill, the parent/guardian will not send the child to preschool. Any communicable disease will be reported to the teacher immediately.
6. All children must be toilet trained as per stipulated Health Regulations.
7. NSF Cheques
  - a. Upon receipt of an NSF cheque, the church treasurer will contact the parent/guardian and request a new cheque.
  - b. Upon receipt of a second NSF cheque, the church treasurer will contact the parent/guardian and request cash be given to the church. If the reimbursement is not received, the child will no longer be eligible to attend the preschool.
  - c. Please note there will be a \$7.00 charge for all NSF cheques.

I, (parent/guardian) \_\_\_\_\_ accept the above cited Agreement and wish to enroll my child, under these conditions at Rock of Ages Preschool.

## Rock of Ages Preschool Photo Consent Form

During the school year we take pictures of our daily activities and out of classroom excursions. These pictures are used for displays in our classroom, photo books and the year end slide show. I also post pictures to a private/closed Facebook page for parents only.

\_\_\_\_\_ Yes, my child's pictures may be used for the above reasons.

\_\_\_\_\_ No, my child's pictures may not be used for the above reasons.

We also advertise on our church webpage, Kijiji and will use posters with images of our classroom and students. Please check the appropriate box below to indicate your choice for the use of these pictures.

\_\_\_\_\_ Yes, my child's pictures may be used for the above reasons.

\_\_\_\_\_ No, my child's pictures may not be used for the above reasons.

Name of parent: \_\_\_\_\_

Name of child: \_\_\_\_\_

Signature and date: \_\_\_\_\_

