

Dear Parent/Guardian,

Thank you for your interest in Les Bouts d'Choux Preschool! We are looking forward to welcoming both you and your child to our school community. Please ensure that you have read and understand the PARENT HANDBOOK. Then complete your registration package before you drop it off, including your registration fee and deposit cheques. We have provided a handy checklist to help guide you!

**Have you included the following items in your registration package?**

	\$50 registration fee. Payable by cash, cheque or e-transfer to boutschouxtreasurer@gmail.com.
	First month's tuition fee. Payable by cash, cheque or e-transfer to boutschouxtreasurer@gmail.com.
	\$400 non-dated fundraising deposit cheque.
	\$75 non-dated cleaning deposit cheque.
	Tuition cheques OR indicated payment preference? We require the first month's tuition by September 1 <sup>st</sup> .
	Completed all pages in the registration form, provided your child's health care number and filled out any relevant medical information? If you have any questions or concerns, please let us know and we will be happy to help you complete your child's form.
	Ensured that your contact info is legible and clearly signed or initialed in all places indicated.

If you have any questions or concerns, please let us know and we will be happy to assist you in the completion of your child's form.

Thank you for your cooperation! These steps ensure that our registration team can properly prepare for next year and make sure that all parents are kept apprised of any new information. We look forward to seeing parents at both our Annual General Meeting and our September Parent's meeting.

Thank you,

Les Bouts d'Choux Executive Board



# Registration Form

<b>FOR OFFICE USE ONLY</b>	
Registration Type: Current/ Alumni/ New	Registration fee \$50 # _____
Tuition payments will be made: <input type="checkbox"/> Online (Lillio) <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Etransfer (boutschouxtreasurer@gmail.com)	Cleaning Deposit \$75 # _____
Date Received _____ By _____	Casino Deposit \$400 # _____
Completed Application? <input type="checkbox"/> YES <input type="checkbox"/> NO	Tuition Amount _____ Option <input type="checkbox"/> Monthly <input type="checkbox"/> Half Year <input type="checkbox"/> Full Year_

Please refer to the table below for tuition payment amounts:

Days Per Week	Tuition Per month	With \$75 Affordability Grant Parents Pay
<b>2</b>	\$170	\$95
<b>3</b>	\$200	\$125
<b>4</b>	\$230	\$155
<b>5</b>	\$260	\$185

3 year-old class offered 2 days per week; Tuesday/Thursday morning class AM (8:30-11:15am)

4/5 year-old class offered 2 to 5 days per week. Please select which days and times your child would like to attend.

	AM (8:30-11:15am)	PM (12:05-2:50pm)
<b>Monday</b>		
<b>Tuesday</b>		
<b>Wednesday</b>		
<b>Thursday</b>		<b>No PM Class</b>
<b>Friday</b>		

### Tuition Options (please check)

- Option 1: Monthly (last month's tuition is the remainder)
- Option 2: Half Year Tuition Payments with two lump sum amounts

Term 1: September-January Term 2: February-June

- Option 3: Full Year Tuition Payments



# Registration Form

Student's Name \_\_\_\_\_

Student's Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Alberta Health Care Number \_\_\_\_\_

Home Address \_\_\_\_\_  
Street Address City/Province Postal Code

Parent/Guardian Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Parent/Guardian Cell Phone # \_\_\_\_\_ Parent/Guardian Work Phone # \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Parent/Guardian Cell Phone # \_\_\_\_\_ Parent/Guardian Work Phone # \_\_\_\_\_

E-mail Address \_\_\_\_\_ Accept Text Messages? Yes / No (please circle)

Childcare Provider: Name \_\_\_\_\_ Phone # \_\_\_\_\_

Child's Doctor: Name \_\_\_\_\_ Phone # \_\_\_\_\_

Does your child have any physical conditions that we should be made aware of?  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate whether your child has any allergies to insect bites, medication, food, animals, plants, dust, etc. Briefly explain your child's reaction to any allergies.  
\_\_\_\_\_  
\_\_\_\_\_

What countermeasures need to be taken if a reaction occurs?  
\_\_\_\_\_  
\_\_\_\_\_

Is your child on a restricted diet? Please explain.  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have asthma? Yes / No (please circle)

Do they use inhalers? If yes, please provide one for the school. Yes / No (please circle)  
Does your child receive medication on a continuous basis? Yes / No (please circle)

## Registration Form

If so, please list names and reasons for medication.

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Have you had your child's hearing checked? Yes / No (please circle)

**Have you had your child's eyes examined?** Yes / No (please circle-note: *this is a free service from Alberta Health Services provided through your optometrist*) **Date of last exam** \_\_\_\_\_

Immunizations up to date? Yes / No (please circle)

**Has your child been diagnosed for any behavioural, cognitive, or other disorder affecting his/her ability to learn (e.g. Attention Deficit Disorder (ADD), Asperger Syndrome, Dyslexia, Autism, etc.)?**  
**Please provide all relevant documents supporting the diagnosis.**

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**Special Needs (list if any):** Yes / No (please circle)

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**Is French spoken at home?** Yes / No (please circle)

What language is spoken at home? \_\_\_\_\_

**Has your child attended any organized activities? (Preschool, day home, play groups, Sunday school, etc.)**  
**Please explain:**

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# Registration Form

Please list any other concerns you may have regarding your child (i.e. fears, religious beliefs) and/or custody restrictions (use a separate sheet and attach any relevant documents to support if necessary):

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If anyone other than the custodial parent(s) will be picking up or dropping off the child, please list their name(s):

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Do you have any special talents or skills you would be willing to share with the children?

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How did you hear about our preschool?

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Applying for subsidy: Yes / No (please circle)

**Emergency Contact:**

(must be someone other than the parents/guardians residing within Edmonton city limits)

Name \_\_\_\_\_

Full Address \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date



# Registration Form

## PARENTAL AGREEMENT AND GENERAL RELEASE

Please complete as necessary and initial in all boxes.

I hereby agree to abide by all **Les Bouts d'Choux** bylaws and policies including the following:

<p>I understand in addition to my <b>\$50.00</b> non-refundable registration fee and first month's tuition fee, I will supply one <u>non-dated</u> cheque in the amount of <b>\$75.00</b> to be returned, when I have completed my one (1) <b>cleaning day</b> during the preschool year. I will also supply <b>one non-dated</b> cheque for <b>\$400.00</b> to be returned to me when I have fulfilled the commitments of our one (1) <b>major fundraiser</b> (applicable in fundraising years).</p>	
<p>There is a parent/guardian requirement of a minimum three duty days per term for the 3 year old program and a minimum four duty days per term for the 4 and 5 year old programs. Failure to follow through with this commitment will result in my child, _____, being removed from the program and his/her space being offered to the next child on the waiting list. If you are unable to attend your scheduled duty day, making a trade with another parent for your scheduled duty day is acceptable. This requirement may be waved in years where government or school policy prohibits it, as in during a pandemic. This information will be communicated to parents during the AGM.</p>	
<p>For non-casino years, parents may be required to support the preschool by participating in one major fundraising activity at the discretion of the parent executive board. If I fail to fulfill my requirements as outlined by the board, then I understand that my fundraising cheque of \$400 will be cashed. In casino years, one 8-hour shift at our casino fundraiser is required for each child I have registered in a program. Casinos are granted to our organization once every two years. My fundraising cheque of \$400 will be cashed if I do not fulfill this commitment.</p>	
<p>Should <b>any</b> of my cheques (tuition, registration, deposits, etc) be returned by my financial institution for <b>any</b> reason, I acknowledge that I am responsible for an additional <b>\$30 returned cheque fee, paid in cash</b> in addition to the amount of the returned cheque, due within one week from my notification.</p>	
<p>One month's written notice, submitted by the 1st of the month, to the teacher, is required to withdraw from the Preschool. Should I not give one month's written notice by the 1st of the month, I will forfeit one month's tuition. If less than one month's notice is given and if a replacement is not found to fulfill my fundraising and cleaning requirements, I will forfeit those deposits as well. <b><u>Please note August 1 is the withdrawal deadline to have your September tuition cheque returned.</u></b></p>	
<p>I further understand that I must provide a healthy snack for my child each day. I will also abide by food guidelines and allergies outlined in the monthly newsletters. If my child is allergic to any foods, I will notify the preschool and a notice will be sent out in the newsletter for parents/guardians to not bring those foods for regular snack time or for special events .</p>	



# Registration Form

I hereby remise, release and forever discharge <b>Les Bouts d'Choux</b> , its executive board, all teachers and anyone associated with the above named, their heirs, executors, administrators and assigns, of and from any and all manner of action and actions, cause and causes of action, suits, claims, and demands whatsoever at law or in equity which I ever had or now have, or which I, or our heirs, executors, administrators, or assigns hereafter can, shall or have reason of any matter arising out of the provision of food and beverage to my child.	
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Should any of these policies not be met, I understand my child will be asked to withdraw from the preschool with no refund issued. I hereby declare that the information provided in this form is true, accurate and complete.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

# Registration Form

## AUTHORIZATIONS

### Emergency Permission

In case of emergency, I grant permission to the teaching staff to take whatever steps may be deemed necessary to administer emergency first aid and / or obtain medical care for my child,

\_\_\_\_\_  
Child's Name

I agree to cover the cost of an ambulance if one is deemed to be required.

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

### Administration of Medication

**Please initial in the box if this does not apply**

In the event of an emergency, I give permission to the Les Bouts d'Choux staff to administer the EpiPen or inhaler that has been prescribed to my child. The following symptoms must be present before the child will be given the injection or inhaler:

\_\_\_\_\_

\_\_\_\_\_

EpiPen RX# \_\_\_\_\_ Dosage \_\_\_\_\_

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

Date \_\_\_\_\_



## Registration Form

### Photo Consent

I grant permission for the teaching staff to take photos of my child, \_\_\_\_\_  
and post those photos (please check all that apply):

- In the classroom
- In Facebook and Instagram
- On our website
- In our open house slide show presentation
- For charity Christmas shoeboxes (group photo in a card) or in our printed and bound class yearbooks (to be printed and distributed to classmates only)

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

### Privacy Policy

The information you provide on this registration form will be made available to the teaching staff and Les Bouts d'Choux Board of Directors. We also publish an updated copy of the class list for each class including your child's name and home phone number as well and your first name(s) and your email address. Parents find this class list helps them learn each other's names and to get together socially, as well as help find a replacement if they are unable to attend their duty day. If you consent to participating in the class list, **please initial in the box below.**

**Please publish my family's contact information on the Class Phone List**



## Registration Form

### OUTDOOR CONSENT FORM

Dear Parent:

When the weather permits, we would like to take your child on a neighborhood walk. This walk would be contained in an area limited to two blocks from the school and would not include the crossing of any major roads. A distance greater than 28 Avenue NW and Millwood's Road, from the school would be considered a field trip and would require a field trip permission slip. If you will allow your child to take a neighborhood walk with his/her classmates and teachers, please sign below.

I give my child permission to play in the school park.

I give my permission for my child to go on walks as stated above. The permission slip is valid for the upcoming/current academic year.

Child's Name: \_\_\_\_\_

Parent signature: \_\_\_\_\_ Date \_\_\_\_\_

Witness signature: \_\_\_\_\_ Date \_\_\_\_\_