



McKenzie Lake Community Preschool 2019-2020 School Year Registration

FOR OFFICE USE ONLY:

PAYMENT #-_____

SUBSIDY YES / NO

START DATE _____

\$50 REG FEE YES / NO

MONTHLY FEE _____

VOID CHEQUE YES / NO

ADDITIONAL COMMENTS _____

Class you are registering for:

☐ 3 YEAR AM
(child must be 3 by Dec 31)
☐ 3-4 YEAR split PM
(child must be 3 by Sept 1)

☐ 4 YEAR AM
(child must be 4 by Dec 31)
☐ 4 YEAR PM
(child must be 4 by Dec 31)

CHILD'S PERSONAL INFORMATION:

Child's Legal Name: _____,
(Last Name, First Name Middle Name)

Preferred Name: _____ Date of Birth: ____/____/____ Sex (M/F): ____
(Month/Day/Year)

Child's Address: _____
(full address with postal code)

Home phone- _____

EMAIL ADDRESS - _____ (please print neatly)

Parent Information: (fill out completely for each parent - do not use "same as")

Mother's Name: _____
Address: _____
Work Address: _____

Home Phone: _____
Work Phone: _____
Cell Phone: _____

Father's Name: _____
Address: _____
Work Address: _____

Home Phone: _____
Work Phone: _____
Cell Phone: _____

Emergency Contacts: (THIS NEEDS TO BE OTHER PEOPLE THEN PARENTS. If parents cannot be reached we will call these contacts - should be local in case pick up is needed)

Name:	Address: (complete)	Phone Number:	Cell:



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Fees: ☐ 3 and ¾ split yr old program: \$160/month ☐ 4 yr old program: \$185/month

The following payment and cheque are required to secure your spot in the 2018-2019 school year:

1. Non-refundable fee (\$50.00) payable by credit **at time of registration online** or by payment in the office by credit, debit, cash or cheque (payable to MLCA and dated for registration date).
You do not need to pay in the office if you paid the \$50 by credit card online.
2. Attach to this registration form a void cheque or a direct debit form from your bank so we can debit your account monthly for the fees

***Please Note:** it is **mandatory** to purchase a \$25.00 McKenzie Lake Community Association (MLCA) membership starting August 1, 2019 and must have one prior to school starting in September for your child to attend preschool. Do not buy prior to August 1, 2019 or it will be expired by the time school starts. Purchase online at www.mckenzielakecommunity.com.

Your preschool fees will come directly out of your account on approximately the first business day of the month. A \$25 fee will apply if any cheque or payment is returned as NSF.

Other information:

Sometimes we have guests come into the classroom and share what they do for a living (or as a hobby). Would you be interested in coming into the classroom to share with the children?

☐ Yes ☐ No Name: _____

Occupation/Hobby: _____

Any information you feel the teacher needs to know about your child:



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MEDICAL INFORMATION

Child's Name: _____ AB Health Care Number: _____

Family Doctor: _____ Dr's Phone Number: _____

Does your child have any allergies ☐ YES ☐ NO

If yes, please list allergies: _____

Is your child on any ongoing medication? ☐ YES ☐ NO

Is any medication to be administered during preschool hours? ☐ YES* ☐ NO

If yes, please list medication(s): _____

**If the answer is YES to medication needing to be administered during preschool, please REQUEST a medical authorization form from the teacher and return it to the preschool.*

Does your child have any other medical conditions we should be aware of? ☐ YES ☐ NO

If yes, please list them: _____

Dietary Restrictions: _____

My child's immunizations are up to date: ☐ YES ☐ NO

Parent's Signature

Date signed

If No is checked – I am aware, as a parent, that my child while socializing with other children in the program may be exposed to childhood diseases that are covered as part of immunization program. I will not hold MLCA (the staff or board of directors), the parents, or any children liable for any sickness that my child may contract.

Print Parent's Name: _____

Date: _____

Parent's Signature: _____



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WAIVER OF LIABILITY

I _____ hereby give consent for my child _____
(print parent's name) (print child's name)
to participate in the McKenzie Lake Preschool Program and any playground or gymnasium activities. I also give MLCA Staff permission to administer First Aid and/or call emergency personnel for my child as required. I allow staff of MLCA to share my child's personal information with all emergency personnel in the case of an emergency.

I understand that the program's volunteers, MLCA staff, or the McKenzie Lake Community Association's board of Directors are not liable for any accident, loss, damage, injury, or ambulatory services resulting from or in conjunction with any activities my child participates in.

AUTHORIZATION TO TAKE PICTURES

I, _____ hereby authorize the McKenzie
(print parent's name)
Lake Community Preschool to on occasion, take photos of my child _____
throughout the year for use in: (print child's name)

Crafts/Scrapbook

☐ YES

☐ NO

AUTHORIZATION TO SHARE INFORMATION

I, _____ hereby authorize McKenzie
(print parent's name)
Lake Preschool to use my/our name(s), phone number and email on the class list to be distributed to the other parents in my child's class to use for playdates or snack exchange days etc.

Name /number/email for class list

☐ YES

☐ NO

(Print Parent's Name)

(Parent's Signature)

(Date)



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PICK-UP AUTHORIZATION

The McKenzie Lake Preschool requires a list of **ALL** individuals that may be required to pick-up your child _____ after class including **PARENTS**. (Licensing requirement)
(Child's Name)

Please include the names of **all** persons, including **parents**, **emergency contacts**, **childcare providers**, **grandparents** etc. that may pick-up your child. To verify the individual's identity, photo identification may be required, prior to the Teacher or Teacher's Aide releasing your child from the classroom.

_____ Name	_____ Relation to child	_____ Phone number
_____ Name	_____ Relation to child	_____ Phone number
_____ Name	_____ Relation to child	_____ Phone number
_____ Name	_____ Relation to child	_____ Phone number
_____ Name	_____ Relation to child	_____ Phone number
_____ Name	_____ Relation to child	_____ Phone number
_____ Name	_____ Relation to child	_____ Phone number
_____ Name	_____ Relation to child	_____ Phone Number

I, _____ understand, that if for some unavoidable circumstance one of the
(print parent's name)
above mentioned individuals is not available to pick up my child, that the Teacher or Teacher's -
Aide will stay with my child at the Community Centre. Starting 15 minutes after scheduled class
finish time, I agree to pay a late pick up fee for this service.

(Print Parent's Name)

(Parent's Signature)

(Date)



McKenzie Lake Community Preschool 2019-2020 School Year Registration

PLEASE ATTACH A CLOSE UP PHOTO OF YOUR CHILD'S FACE IN THE BOX

BELOW: (can be printed on photocopy paper or a real picture)

(This photo will only be used to familiarize the MLCA staff with all children)

CIRCLE THE METHOD IN WHICH THE \$50 non-refundable fee has been or will be paid at the time of handing these forms in:

ONLINE DEBIT CREDIT CASH CHEQUE#_____

Before submitting this registration, form please make sure you attach a void cheque or a direct debit form. The \$50 registration fee is also due at time of registration online. Without these items, the registration will be incomplete, and your child will not be guaranteed a spot.



McKenzie Lake Community Preschool 2019-2020 School Year Registration

Parents please fill out this form **neatly** and accurately as this sheet will be taken with staff whenever the children are off site, for example if we go outside, to the gym, or on a field trip. This is a licensing requirement so we apologize for the repetitiveness. Thank you.

Child's Name _____,
LAST FIRST

Full address-_____

Home phone number-_____ Date of Birth-_____
M/D/Y

Please state medical/allergy information:

AB Health #-_____ Dr's name _____ Dr's phone # _____

Dietary restrictions: _____

Immunization current and up to date please circle yes or no

Parents signature _____ Date _____

Mom's Name _____

Full address- _____

Home phone- _____

Work phone- _____

Cell phone- _____

Dad's Name- _____

Full address- _____

Home phone- _____

Work phone- _____

Cell phone- _____

EMERGENCY CONTACT (A PERSON TO CALL IF PARENTS CAN'T BE REACHED)

Name- _____

Full address- _____

Home phone- _____

Work phone- _____

Cell phone- _____