Discovery Preschool |
Kim Hung Registration Package

Child's Name: _____ Birthdate: _____/ _____/_____
(Given Name) (Surname) (Month) (Day) (Year)

Address: _____ City: _____ Age: _____

Postal Code: _____Phone Number: _____ Child's First Language: _____

Parent 1: _____
(Given Name) (Surname)

Relationship (Mother/Father): _____

Address: _____

City:_____ Postal Code: _____

Phone (H):_____Phone (C):_____

Email: _____

Place of Work: _____

Address: _____

City:_____ Postal Code: _____

Business Phone:_____

Parent 2: _____
(Given Name) (Surname)

Relationship (Mother/Father): _____

Address: _____

City:_____ Postal Code: _____

Phone (H):_____Phone (C):_____

Email: _____

Place of Work: _____

Address: _____

City:_____ Postal Code: _____

Business Phone:_____

Emergency Contact People: *(Please make sure these people know their name is being used by you for an Emergency Contact)*

1: _____
(Given Name) (Surname)

Address: _____

City:_____ Postal Code: _____

Home Phone:_____

Cell Phone: _____

Business Phone: _____

Alberta Health Care# _____

Immunizations up to date? [YES / NO]

Allergies _____

Medical Concerns_____

Is your child [Left Handed / Right Handed]

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Fees:
$75.00 - **non - refundable** registration fee _____ [Initials]
$75.00 - **non - refundable** in class field trips [3] & special class projects _____ [Initials]

AM Class: 9:00am - 11:00am

	Please circle choice
$300.00 / Month for 5 days a week	AM
$200.00 / Month for 3 days a week	AM
$150.00 / Month for 2 days a week [Tues/Thurs only]	AM

To register for preschool year you must have:
1. A fully completed registration package delivered to the address above.
2. A non- refundable registration fee and the first month's tuition fee.

Please Note:
First month tuition fees are non-refundable for withdrawals after August 1st _____ [Initials]
Last month tuition fees are due on your child first day of preschool (Commit Fee) _____ [Initials]

Pre - Care:
8:30am - 9:00am

$40.00 / month for 2 mornings
$60.00 / month for 3 mornings
$90.00/ month for 5 mornings

For Office Use Only

Registration Fee _____	PAD Agreement _____	Date: _____
Field Trip Fee _____	1st Month _____	Initials: _____
Commit Fee _____	Class Confirmed _____	

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Emergency Permission

I hereby give my permission for the staff of Discovery Preschool Kim Hung to give my child emergency treatment as they think necessary.

Child's Name: _____
(First) (Last)

I will be responsible for all costs incurred due to the emergency. (Ex; ambulance costs)

Additional Comments:
_____

Parent Signature: _____ Date Signed :_____

Picture Releases

Photograph During Activities

I hereby release for public or telecast in any news media, the photography take of:
_____ participating in centre activities.
[Child's Name] (First) (Last)

To protect the privacy of parents and children, no photograph will be released unless this consent form is signed.

Parent Signature: _____ Date Signed :_____

Consent for Outdoor/ Gymnasium

I authorize the educators of Discovery Team permission to take my child to the school gymnasium and outdoor activities on the tarmac at Kim Hung.

Child's Name: _____
(First) (Last)
Parent Signature: _____ Date Signed :_____

Withdrawal Police

Parents agree that a minimum notice of one full month (notice to be given on the first of any given month) will be given for permanent withdrawal of any child from Discovery Preschool Kim Hung or agree to pay a months fee in lieu of. No exceptions will be made.

Parent Signature: _____ Date Signed :_____

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** Parents/ Guardians please review the Wellness policy and Discipline policy. Sign and date **

Wellness Policy

The Wellness Policy was developed in order to ensure a healthy learning environment for the program participants. It is extremely important for each family to ensure that if their child is sick that they NOT ATTEND PRESCHOOL. If you bring your child to school with any flu like symptoms you will be called immediately to return and pick up your child from the classroom. In order to assist you in determining if your child is too sick to attend the program is may be helpful to consider the following:

- **Fever of 101.4 F or 38 C**
- **Diarrhea or vomiting within the past 24 hours. (Do not bring your child to preschool if they have thrown up the night before, please wait 2 days)**
- **Thick green or yellow discharge from the eyes or nose**
- **Sore throat-especially if rash is present**
- **Communicable disease such as whooping cough, measles, mumps, hepatitis**
- **Other contagious conditions such as impetigo, scabies, lice (until treated)**
- **Unusual tiredness, uncontrolled coughing, extreme irritability**

Child Discipline Policy

Safety First; Toys belong to everyone; All play together; Respect & Kindness for all people and things.

If a situation arises when we feel that a child is not behaving in an appropriate manner we will use the situation to teach them important life skills. Our first response is to stop the undesirable behaviour and talk with the children involved and explain why the interaction wasn't appropriate.

1. We will give examples of what they could have done instead.
2. We will encourage the child to use their words. "Please stop that… I don't like that… I don't want to do that…. Can I have a turn when you are finish."
3. If a child has acted in a physical manner we teach them to use their words and not their body. For example, hands are not for hitting.
4. If there are discipline issues that require more attention, it is our goal to communicate with parents immediately and help work out ways to improve the situation.

Parent/ Guardian Signature: _____

Date Signed: _____

Kim Hung
Discovery Place Preschool Society of Edmonton
PAD AGREEMENT

Pre-authorized Debit Plan Agreement. Your Authorization as Payor to Discovery Place Preschool Society of Edmonton (the "Payee") to Debit and Account Instructions. 1. Please complete all sections in order to instruct your financial institution to make payments directly from your account. 2. Please sign this Authorization. For join accounts, all account holders must sign, if more than one signature is required on cheques against the account. 3. Return this completed form to the Payee with a blank cheque marked "VOID".

Payor Information

Name: _____

Child's Name:_____

Address: _____

Telephone Number: _____

Financial Institution Branch Address to debit my account

DEPOSIT ACCOUNT NUMBER: _____

BRANCH TRANSIT NUMBER: _____ (5 DIGITS)

FINANCIAL INSTITUTION NUMBER: _____ (3 DIGITS)

FINANCIAL INSTITUTION NAME: _____

BRANCH ADDRESS: _____

You, the Payor may revoke your authorization at any time by contacting Discovery Place Preschool Society of Edmonton by phone or email. Subject to providing ten days notice. To obtain a sample cancellation form or for more information on your right to cancel a PAD agreement, contact your financial institution.

Type of Service: Personal _____ Business _____

Payment Frequency MONTHLY to be withdrawn on the 1st of every month

Payment Start Date (MM/DD/YY) _____

Name of Account Holder Signature and Date _____

You have certain recourse rights if any debit does not comply with this agreement. For example you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. To obtain more information on your recourse rights, contact your financial institution.

Discovery Place Preschool Society of Edmonton
4308 Whitelaw Way NW
Edmonton, Alberta T6W 0P4

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LOCATION	Type of Service (Kinder / OSC / Preschool)	AMOUNT
Kim Hung		