

Phone: (780) 435-8875 Location: Pleasantview Community Hall, 10860 57 Avenue NW, Edmonton, AB

**Steps to Register:**

* Please fill out the Registration form below. Forms can be dropped off during school hours (Monday –Thursday 9:00 -11:15am) or via email [frenchplayschool@gmail.com](mailto:frenchplayschool@gmail.com)
* Please review the parent handbook found on the Les Causeries website for more information about program offerings, age requirements and parent involvement.
* Pay the Registration Fee by e transfer to [lescauseriespayment@gmail.com](mailto:lescauseriespayment@gmail.com)
* Registration is based on a first come first serve basis and spots will be reserved once paperwork and registration fee is submitted.

**Program Selection & Tuition:**

Please indicate your program preferences. All information must be filled in to be fully enrolled in the program.

**Select ✓ which days of the week you would like your child to attend. Times are *8:45 am - 11:15 am*. You may select two to five days:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** |
|  |  |  |  |  |

Tuition is as follows:

* 2 days a week: $64/month
* 3 days a week: $94/month
* 4 days a week: $144/month
* 5 days a week: $194/month

Age requirements for the program are made to comply with licensing requirements: Children registering must be 3 by December 31, 2024.

These tuition fees reflect the $75 Government of Alberta subsidy. Your family may qualify for an ADDITIONAL fee subsidy (household income under $179,999). Families must apply on their own for the subsidy to be sent directly to the Playschool and applied to their fees.

Tuition may be paid monthly, biannually, or annually and one time supply fee should be e transferred to [lescauseriespayment@gmail.com](mailto:lescauseriespayment@gmail.com)

**Student Information:** Please print and fill out the following information.

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| --- | --- | --- | --- |
| **Child’s Name :** | *First* | | *Last* |
| **Birth Date:** | *YYYY/MM/DD* | | |
| **Address:** |  | | |
| **Postal Code:** |  | **Phone:** |  |

**Parent or Guardian Information:**

|  |  |  |
| --- | --- | --- |
| **Parent/Gaudian #1** | | |
| **Name:** | *First* | *Last* |
| **Phone:** | *Cell* | *Work* |
| **Email:** |  | |
| **Address if different from child:** | | |
|  | | |
| **Parent/Guardian #2** | | |
| **Name:** | *First* | *Last* |
| **Phone:** | *Cell* | *Work* |
| **Email:** |  | |
| **Address if different from child:** | | |
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**Pickup Information:**

Name at least 2 people other than the parent(s)/guardian(s) who will regularly pick your child up from school. If someone else is sent to pick up your child, they will require a note signed by a parent/guardian and picture identification prior to the time of dismissal.

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| --- | --- |
| **The following people CAN pick up my child:** | |
| 1. | 2. |
| 3. | 4. |
| **The following people CAN NOT pick my child:** | |
| 1. | 2. |

**Emergency Contacts:**

|  |
| --- |
| **Contact #1:** |
| Relation to your Child: |
| Phone: |
| Address: |
|  |
| **Contact #2:** |
| Relation to your Child: |
| Phone: |
| Address: |
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| **Getting to know your child:** are there any behaviors of which our teachers should be aware of |
|  |

**Medical Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Child’s Alberta Heath Care Number:** | | | |
| **Doctors Name:** | | **Doctor’s Phone #:** | |
| **Immunizations Up to Date:** | **YES** | **NO** |  |
| Please state any special circumstances, medical conditions or allergies that we should be aware of and list any medications your child is on | | | |
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\*You must also fill out the SUPPLEMENTAL MEDICAL FORM which is mandatory regardless of whether there is a medical condition. This is kept in the classroom.

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| **I authorize medical treatment** to be initiated in case of emergency  (Please review the Parent Handbook at [www.frenchplayschool.ca](http://www.frenchplayschool.ca/) for policy and procedures) | *Initial* |
| **I DO NOT authorize medical treatment** to be initiated in case of emergency  (Please review the Parent Handbook at [www.frenchplayschool.ca](http://www.frenchplayschool.ca/) for policy and procedures) | *Initial* |

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| Please Read the following sections carefully and initial the appropriate checkboxes and sign below.Please note that some of the sections have 2 options so be sure to initial which you are comfortable with. | |
| **Playschool Involvement Acknowledgement** | |
| Les Causeries is a non-profit Playschool. Parents must involve themselves in the running of the Playschool by:   * Attendance at the Orientation meeting (strongly encouraged) and Annual General Meeting of the Playschool. * Be Responsible for the one “Parent Volunteer Job” (Parent Jobs are determined at the AGM or at the time of registration) OR become an active member of the Board of Directors. * Participating in the Casino (fundraising event held bi-annually, 2 shifts are required per child registered. Next casino is 2024). | |
| I am aware that Les Causeries: Introducing French Playschool is a cooperative and I am responsible for assuming the parent duties as outlined above as a condition for my child’s enrollment | *Initial* |
| I have read the current Parent Handbook found at [www.frenchplayschool.ca](http://www.frenchplayschool.ca/) and understand the policy and procedures. I agree to abide by them. | *Initial* |
|  |  |
| **Community Walks & Playground Visits** | |
| One of our licensing requirements is that we have a permission form on the file for visiting the playground and taking neighborhood walks as a class. Please initial which you are comfortable with. | |
| **I give permission** to allow my child to visit the playground and go for community walks with the instructors from time-to-time as a part of the program. | *Initial* |
| **I DO NOT give permission** to allow my child to visit the playground and go for community walks with the instructors from time-to-time as a part of the program. | *Initial* |
|  | |
| **Contact Information for Class Lists** | |
| Many parents request a class list of the children’s names, phone numbers and/or email addresses to arrange play dates or other activities outside of regular class time. This list would only be distributed to the parents or guardians in that class. Please initial which you are comfortable with. | |
| **I give permission** to share our contact information with other parents/guardians. | *Initial* |
| **I DO NOT give permission** to share our contact information with other parents/guardians. | *Initial* |
|  | |
| **Email As Primary Contact Method** | |
| Communication at school takes on many forms. You will receive information by email, mail, phone, or in your child’s mailbox found at the school. There is also a bulletin board outside the classroom that will allow you to review the latest information. We are asking your permission to collect and use your email address(es) as the main form of communication to assist with distributing key information about your volunteer duties and individual class activities. Members of the Board of Directors and the Instructors will have access to the information collected and will be responsible for the proper use of this information. Please initial which option you are comfortable with. | |
| **I give permission** for our email address(es) to be collected and used as the main form of communication for Les Causeries: The Introducing French Playschool information as described above. | *Initial* |
| **I DO NOT give permission** for our email address(es) to be collected and used as the main form of communication for Les Causeries: The Introducing French Playschool information as described above. | *Initial* |
|  | |
| **Media & Social Media Release** | |
| Photos and/or videos may be taken of your child or his/her artwork while he/she participates in the Les Causeries: The Introducing French Playschool program activities including but not limited to class pictures and group photos. Media images or reproductions of original art and writing involving your child may be used in newsletters, Les Causeries Playschool’s website, and your child’s private social media pages or closed groups. Such use might occur several years after your child participates in our program. | |
| **I am providing** Les Causeries: The Introducing French Playschool with consent to use photos and videos of my child and their artwork under the conditions noted above. | *Initial* |
| **I am NOT providing** Les Causeries: The Introducing French Playschool with consent to use photos and videos of my child and their artwork under the conditions noted above. | *Initial* |

**Tuition Fees:**

To complete the registration process, please return this Registration Form, Supplemental Medical Form and Casino/Duty Bond Agreement with the non-refundable registration fee of $50 (E-transferred to [lescauseriespayment@gmail.com](mailto:lescauseriespayment@gmail.com) .

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| **Tuition & Casino/Duty Bond Agreement** | Tuition payment plan should be submitted at the June Annual General Meeting or prior to the first day of class in September. Casino/Duty Bond Agreement due the first month of classes. |
| **Tuition Fee Cancellation Policy** | The playschool requires one month's notice for a full refund for the remaining months in the school year. |
| **Supply Fee** | This one-time fee of $100 is to be paid the first month of classes. |
| *Initials* | I understand fees are payable in full by the first day of each month, and that my child’s enrollment can be terminated at any time if fees are not paid. I agree to provide Les Causeries: The Introducing French Playschool with postdated cheques or monthly transfer plan before the first day of school. |

I have read and understand the above waivers and requirements as listed in this registration form and indicate my consent by initialing the appropriate boxes and signing below.

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| Parent/Guardian Signature: |
| Name (Print): |
| Date: |

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| **\*To help us plan advertising, please tell us how you discovered our program:** |
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| **SCHOOL USE ONLY** |
| Start Date: New: Returning: |  |  |  |  |
| Registration Sheet: YES NO Deposit: YES NO |  |  |  |  |

**SUPPLEMENTAL MEDICAL FORM**

To best ensure the health and safety of your child while in the care of the Instructors and volunteers at Les Causeries Playschool, please complete, sign and return this mandatory form prior to the first day of classes regardless of whether there is a medical condition. This form will be kept in the classroom.

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| --- | --- | --- | --- | --- |
| Child’s Name: | First | | Last | |
| Class: | 2 Day | 3 Day | 4 Day | 5 Day |
| Parent/Gaurdian Name: | First | | Last | |
| Child’s Alberta Health Care Number: |  | | | |
| Immunizations Up to Date | Yes |  | No |  |

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| * Medical condition or situation (Brief description): |
|  |
| * Medication provided to be kept on site (it is your responsibility to ensure the medication expiration date has not expired during the school term): |
|  |
| * Special Instructions (e.g., to be taken with food): |
|  |
| * Describe the condition or medical assessment as provided by your child’s physician or a specialist: |
|  |
| * Describe exactly what you expect from the Instructors on a regular or individual basis to either prevent or address the medical condition from becoming a potential medical emergency: |
|  |

Please note that should the Playschool, its Instructors or volunteers be unable and/or unwilling to comply with your expressed expectations as outlined in this document, you will be notified prior to your child’s attendance in this program. Should anything change with regards to your child’s medication requirements please inform the instructors in writing as soon as possible.

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| **I authorize medical treatment** to be initiated in case of emergency  (Please review the Parent Handbook at [www.frenchplayschool.ca](http://www.frenchplayschool.ca/) for policy and procedures) | *Initial* |
| **I DO NOT authorize medical treatment** to be initiated in case of emergency  (Please review the Parent Handbook at [www.frenchplayschool.ca](http://www.frenchplayschool.ca/) for policy and procedures) | *Initial* |

|  |
| --- |
| Parent/Guardian Signature: |
| Name (Print): |
| Date: |