

Indus Preschool Registration 2024-2025

Contact Name: _____

Contact Email: _____

Child's Name: _____



Please check what applies. My Child is...

- A new Student
- A returning Student

Two-day-a-week programs or Three-day-week programs are offered. AM classes run from 8:45-11:15, and PM classes run from 12:00- 2:30. Fridays are "Kinder Prep" focused classes where children focus more on building skills to set them up for a successful kindergarten experience. Friday classes require that children are 4 by December 31 of the current school year of enrollment (2024).

First Class Preference. Please Check One:

- MON/WED AM (\$50/month)
- MON/WED/FRI AM (4 Years by Dec 31/24) (\$100/month)
- TUES/THUR AM (\$50/month)
- TUES/ THUR/FRI AM (4 Years by Dec 31/24) (\$100/month)
- TUES/THUR PM (\$50/month)
- TUES/THUR PM/ FRI AM (\$100/month)

If your first choice isn't available, Please check your second choice. Please Check One:

- MON/WED AM (\$50/month)
- MON/WED/FRI AM (4 Years by Dec 31/24) (\$100/month)
- TUES/THUR AM (\$50/month)
- TUES/ THUR/ FRI AM (4 Years by Dec 31/24) (\$100/month)
- TUES/THUR PM (\$50/month)
- TUES/THUR PM/ FRI AM (\$100/month)

Besides the Preschool receiving subsidy for each Child, will your family apply for any additional government subsidies/grants? *The Preschool currently receives \$75/Child, which is reflected in the prices above. Another subsidy is available for families with joint income under \$180,000/year; all qualifying details can be found at <https://www.alberta.ca/child-care-subsidy>*

- Yes, I am applying
- No, I am not applying
- I will look into whether I qualify, but I understand that I have to pay for tuition upfront and will be reimbursed by Indus Preschool once they receive the funds from the government

A board of Parent Volunteers runs the Preschool; what Board Member Position(s) would you be interested in:

- President
- Vice President
- Treasurer
- Events
- Fundraising & Book club
- Secretary
- BVAS member
- Advertising
- I cannot volunteer on the board but would be interested in helping in other ways (i.e. in the classroom, making bulletin boards, taking home classroom supplies to cut/glue/staple, etc.)

Would you like to volunteer in the classroom? (you will need a Police Background Check completed for Indus Preschool):

- Yes
- No

How did you hear about Indus Preschool?

- Facebook
- Instagram
- Local advertisements
- Word of mouth
- Returning student
- Other: _____



Child/Family Information

All spaces must be filled out for your registration to be processed. If a question does not apply to your situation, please indicate so with "N/A." This information is a requirement of Alberta Social Services. The form will be kept on school premises.

Child's Full Name: _____

Child's Nickname/ Preferred Name: _____

Gender: _____

Child's Date of Birth(mm/dd/yyyy): _____

Mailing Address (including postal code):

Physical Address if different than mailing address:

Parent or Legal Guardian Information

PARENT/LEGAL GUARDIAN 1

First Name: _____

Last Name: _____

Relation to Child: _____

Phone Number: _____

Address: _____

Email: _____

Occupation: _____

Work Address: _____

Work Phone Number: _____

PARENT/LEGAL GUARDIAN 2

First Name: _____

Last Name: _____

Relation to Child: _____

Phone Number: _____

Address: _____

Email: _____

Occupation: _____

Work Address: _____

Work Phone Number: _____

Emergency Contact Persons other than Parents/Legal Guardians. *Please name two.*

EMERGENCY CONTACT

First Name: _____ Last Name: _____

Relation to Child: _____ Phone Number: _____

Address: _____

EMERGENCY CONTACT

First Name: _____ Last Name: _____

Relation to Child: _____ Phone Number: _____

Address: _____

CHILD RELEASE

Please list anyone, including parents, to whom your Child can be released to:

1. _____ 5. _____

2. _____ 6. _____

3. _____ 7. _____

4. _____ 8. _____

Child's Health Information

All fields are required below. If nothing applies, please put N/A

Do you have any concerns with your Child that you want the teachers to be aware of?

Child's Alberta Health Care Number: _____

Are immunizations up to date?:

- Yes
 No

Does your Child have any allergies or medical conditions?: _____

Will your Child have a epipen on site?:

- Yes
 No

Are there any medications administered to your Child on a regular basis (other than pain relief, cold/flu, etc.)? If so, please list: _____

MEDICAL PROFESSIONAL

Child's Doctor: _____

Clinic Name: _____

Phone Number: _____

Address: _____

Consent:

Please read carefully before signing.

Medical Consent Given to Indus Preschool

I give consent to Indus Preschool to transport my Child to the Strathmore Hospital, Alberta Children's Hospital, or South Health Campus for medical treatment if deemed necessary. This consent is given if the Preschool cannot contact the parent(s) or Emergency Contact persons.

Parent/Legal Guardian Name: _____

Date(mm/dd/yyyy): _____ Signature: _____

Personal Information Protection Act (PIPA)

I consent to have my Child's name, parents' names and home or cell phone numbers compiled on a list to be distributed to the class phone parent(s). The list may be used to contact me in the event of an unplanned school closure or other situations that require my attention. This list will NOT be used for distribution to other classes or for soliciting in any way.

Parent/Legal Guardian Name: _____

Date(mm/dd/yyyy): _____ Signature: _____

Pledge of Confidentiality

In the course of my interaction with the Preschool, I may occasionally see or hear information of a private nature concerning children and their families. This is confidential information and must not leave the classroom. As part of my involvement with the Preschool as a parent or volunteer, I pledge to maintain confidentiality at all times or risk having my Child removed from the Preschool.

Parent/Legal Guardian Name: _____

Date(mm/dd/yyyy): _____ Signature: _____

Payment Information

Payment is required via e-transfer to complete registration: info@induspreschool.com

PAYMENT INSTRUCTIONS

1. Please send the registration fee of \$65 plus September's tuition \$50 or \$100 depending on 2 or 3 days a week. A \$50 BVAS Membership fee* is also required to complete the registration.

** BVAS Membership fee is refunded after September 30 of the current school year if you have supplied proof of a valid & current membership to President or Treasurer.*

Payment Calculations

- Totals due for 2 days a week = \$165
- Total due for 3 days a week = \$215

2. Please put your Child's name in the memo line of the e-transfer for ease of processing.

3. In a separate email, complete the attached PAD form with a \$50 or \$100 monthly fixed rate starting October 1, 2024, and a VOID Cheque. Registration is NOT accepted until payment is received.

Completion checklist:

- I have submitted my e-transfer with the owed amount to register my Child for the 2024/2025 school year (\$165 or \$215).
- I have submitted a signed Void CHQ and PAD form.
- I have submitted a signed Consent Form.
- I have handed in a completed copy of the registration package.