

## Glenora Preschool Registration Form

Child's Information:	
<p>Full Name: _____</p> <p style="text-align: center;">First                      Middle                      Last</p> <p>Sex (circle) M or F</p> <p>Name you wish your child to go by (for coat hook, cubby, etc)</p> <p>_____</p> <p>—</p> <p>Birthdate: Month: _____/day_____/ 20_____.</p> <p><i>To ensure that younger siblings are included on our <b>Legacy List</b> for future enrollment, please include the following information:</i></p> <p>Names of Younger Siblings: _____ Mth:_____/day_____/ 20_____.</p> <p style="padding-left: 150px;">_____ Mth:_____/day_____/ 20_____.</p> <p style="padding-left: 150px;">_____ Mth:_____/day_____/ 20_____.</p> <p style="padding-left: 150px;">_____ Mth:_____/day_____/ 20_____.</p>	

Parent or Guardian Information:	
<input type="checkbox"/> check here if address is the same for second parent/guardian	
Name:	Name:
Relationship to Child:	Relationship to Child:
Address:	Address:
City:	City:
Postal Code:	Postal Code:
Home Phone Number:	Home Phone Number:
Cell Phone Number:	Cell Phone Number:
Work Phone Number:	Work Phone Number:
Employer:	Employer:
Does child reside at this address? Y or N	Does child reside at this address? Y or N

Do you wish to receive preschool class notes and information via email? Y or N  
If YES, please provide us with your email address(es) you would like us to use:

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Do you consent to the release of your name, address, email and/or phone number to your child's classmates? These class lists are used for switching roster days, arranging play dates or for the "parent class representative" to remind you of upcoming school events. It will not be distributed other than on the class list.

PLEASE CIRCLE FOR EACH:

Name: Yes or No

Address: Yes or No

Phone Number: Yes or No \*If Yes, Indicate which number for us to use: Home / Cell / Work

Email: Yes or No

### Community League Membership

All Glenora Preschool families **MUST** hold a current community league membership within the Edmonton/surrounding area. Your membership number must be submitted to the Community League Representative. Community league memberships run from *September to August* and can be purchased through the community league or the City of Edmonton.

[www.efcl.org](http://www.efcl.org)

**Emergency Contact Information:**

In the event of an emergency, a child's parents will be notified immediately of the circumstance. However, if we cannot contact the parents, we are required to have emergency contact names, **addresses**, and phone numbers for our licensing through Social Services. If your child has a regular caregiver, please list them as contact #1.

Contact #1

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone#: \_\_\_\_\_  
Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Contact #2

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone# \_\_\_\_\_  
Work # \_\_\_\_\_ Cell # \_\_\_\_\_

**Do you give consent for your child to be released to parents, guardians and emergency contacts? (circle) Yes or No**

\*Please note that the teachers will **only** release your child to the names on this registration form. If someone else will be picking up your child, please inform the teachers on an individual basis preferably in writing.

Is there anybody specific that the preschool should be aware of that may try to contact your child at preschool but **does not have permission** to do so?  
**\*\* (Please note: If it is a custody situation, unless by court order, we cannot deny access to a parent.)**

(circle) Yes or No If yes, please list: \_\_\_\_\_

Signature : \_\_\_\_\_ Date: \_\_\_\_\_

(to confirm that all emergency contact information is complete)

**Medical Information**

Is your child immunized? Y or N

(please check with your public health unit for information on childhood immunization)

Has your child experienced any of the following?

If yes, please explain....

Speech Difficulties? Yes or No	Please explain:
Vision Difficulties? Yes or No	Please explain:
Hearing Difficulties? Yes or No	Please explain:
Allergies: Yes or No	Please List:
Medical Conditions: Yes or No	
On daily or Long term medication? Yes or No	*please note that if your child requires medication at school, please see the teachers so the correct paperwork can be filled out before your child begins preschool.

Please note any other medical information you feel is pertinent (illness, special needs, etc.) You may also wish to provide a letter from your doctor.

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**Photography Release:**

Throughout the year, many parents may wish to take photographs or videos during class events. I give permission for my child to be in those private photos or videos.

**(circle) Yes or No**

I also understand that any photographs or videos taken during these class events, which may include my child's classmates, may **NOT** be published or posted on any public domain such as the internet or print publication without formal consent.

I give permission for the use of my child's image to appear on the Glenora Preschool web site under the condition that these images are locked and only available for viewing with a password provided to parents at Glenora Preschool. The idea is to provide our families with access to photos of preschool events or special activities that would be available online as a slide show or video clip (such as the singing of Halloween or Christmas songs). Children would **never** be identified by name.

**(circle) Yes or No**

Signature : \_\_\_\_\_ Date: \_\_\_\_\_

(to confirm all photography release information is complete)

**Emergency Medical/Transportation Release:**

In the event of an emergency, the teachers (who are certified in Standard First Aid in Child Care) will provide appropriate treatment. The parents/guardians will be notified immediately as well as the family doctor if necessary. The child may require transportation to the nearest medical facility, and this may be by car or by ambulance. Any cost incurred by such transportation will be the parent(s) or guardian's responsibility.

I give permission for my child, \_\_\_\_\_, to be treated with First Aid by the teachers and/or other responsible adults in the event of an emergency during preschool hours or events.

Signature : \_\_\_\_\_ Date: \_\_\_\_\_

I give permission for my child, \_\_\_\_\_, to be transferred by ambulance in the event of an injury. I am responsible for any transportation costs if applicable.

Signature : \_\_\_\_\_ Date: \_\_\_\_\_

(to confirm that all emergency medical/transportation release information is complete)

**Field Trip Release:**

Most field trips are arranged so that the parent drops off and picks up their child at the specific field trip location. All field trips not within walking distance of Glenora Preschool will have information notices and permission slips sent home on an individual basis. In the event that we arrange for a school bus to transport the entire group, parents will be required to sign the permission slip before your child will be allowed on the bus.

During the year, the children will take part in planned excursions to special locations or events within walking distance of Glenora Preschool. An important aspect of the preschool program includes short walks to places such as neighboring schools, parks or playgrounds. They are supervised at all time by the teachers, duty parent and extra volunteers as deemed necessary by the teachers. Parents will be notified in advance of each trip.

I grant permission for my child, \_\_\_\_\_, to participate in field trips that are within walking distance of Glenora Preschool.

Signature : \_\_\_\_\_ Date: \_\_\_\_\_

This Section is for Glenora Preschool Only.....

**TO BE COMPLETED BY REGISTRAR**

School Year: \_\_\_\_\_  
Confirmed Class: (circle): M/W/F4's am, T/TH 3's am  
Birth Certificate Verified? Yes or No  
Assigned Parent Position in the Preschool: \_\_\_\_\_  
Registration Fee Received? Yes or No  
Pledge Form received? Yes or No  
Pledge Cheque received? Yes or No  
  
Start Date: \_\_\_\_\_  
Termination Date: \_\_\_\_\_

## Glenora Preschool Job Selection 2021-2022

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

Class:             3T/TH AM                       4 M/W/F AM

Parents : \_\_\_\_\_

Thank you for registering your child at Glenora Preschool for the 2021-2022 school year! We are a parent-run cooperative and every parent performs a job within the school as per your pledge agreement. Please use the following list to number your choice of parent jobs that you would be interested in holding from 1-9. Every effort will be given to give you the job of your choice, however, when more than one person shows an interest in a job, we will use a draw to determine who gets the position. If you are interested in a Board Position, please fill in the "Willingness to Serve" form included in this package but still fill out the job chart below in case the position you are interested in goes to someone else via the draw process.

Job Title	Order of preference from #1-9
Roster / Communications	
Special Events	
Field Trips	
Social	
Laundry & Sewing	
Fundraising	
Cleaning Bee Coordinator	
Auditor	
Art Gallery Night Assistant	

\*\*\*Please ensure that you number ALL 9 options in the job selection list.



**Willingness to Serve  
Glenora Preschool  
Board of Directors  
2020-2021**

**The following positions are to be filled:**

- Treasurer- 1 year term
- Assistant Treasurer moving to Treasurer – 2 year term
- Fundraiser Chair 3yr class – 1 or 2 year term
- Community League Representative- 1 or 2 year term
- Assistant Registrar moving to Registrar – 2 year term

**For a summary of the job descriptions refer to the preschool website [www.glenorapreschool.ca](http://www.glenorapreschool.ca) or the registrar may forward the job description document upon request.**

If you have any questions about the positions available, please feel free to contact the registrar Alesha Glowicki at 780-991-9974 or [aleshacheckley85@gmail.com](mailto:aleshacheckley85@gmail.com)

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I \_\_\_\_\_ being a member of Glenora Preschool am  
interested in the position of \_\_\_\_\_ on the  
2021-2022 Board of Directors.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_

Positions will be filled by a random draw to take place in April 2021.

## Glenora Preschool Pledge Form

PRESCHOOL COPY

I \_\_\_\_\_ understand that without further notification, my cheque for \$250.00 dated June 15, 2022 will be cashed by Glenora Preschool, at the Board's absolute discretion, in the event any of the following responsibilities have not been fulfilled:

- a) attending assigned roster duty (special) days, and/or
- b) attending two General Meetings of the Preschool, however one meeting may be attended by a proxy. A proxy is another preschool parent who may represent your family. The proxy may only represent ONE family at the meeting and you may only use a proxy ONE time. You must advise the secretary IN WRITING prior to the start of the meeting that a proxy will be in attendance for you, and/or
- c) contributing to the annual Fundraising event with volunteer time and donations, and/or
- d) fulfilling your job duties as outlined in the registration package.

**The Pledge cheque will be destroyed after June 30 if all responsibilities have been met.**

X \_\_\_\_\_ Dated \_\_\_\_\_, 20\_\_\_\_  
Parent /Guardian

X \_\_\_\_\_ Dated \_\_\_\_\_, 20\_\_\_\_  
Glenora Preschool Board Member

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## Glenora Preschool Pledge Form

PARENT COPY

I \_\_\_\_\_ understand that without further notification, my cheque for \$250.00 dated June 15, 2022 will be cashed by Glenora Preschool, at the Board's absolute discretion, in the event any of the following responsibilities have not been fulfilled:

- a) attending assigned roster duty (special) days, and/or
- b) attending two General Meetings of the Preschool, however one meeting may be attended by a proxy. A proxy is another preschool parent who may represent your family. The proxy may only represent ONE family at the meeting and you may only use a proxy ONE time. You must advise the secretary IN WRITING prior to the start of the meeting that a proxy will be in attendance for you, and/or
- c) contributing to the annual Fundraising event with volunteer time and donations, and/or
- d) fulfilling your job duties as outlined in the registration package.

**The Pledge cheque will be destroyed after June 30 if all responsibilities have been met.**

X \_\_\_\_\_ Dated \_\_\_\_\_, 20\_\_\_\_  
Parent /Guardian

X \_\_\_\_\_ Dated \_\_\_\_\_, 20\_\_\_\_  
Glenora Preschool Board Member

**GLENORA PRESCHOOL**  
10426 136 STREET NW  
EDMONTON, AB  
T5N 2E8  
(780) 452-0120

**CREDIT CARD AUTHORIZATION 2021-2022**

CHILD'S NAME \_\_\_\_\_

My child will be registered in the  
\_\_\_\_\_ Monday/Wednesday/ Friday class      \_\_\_\_\_ Tuesday/Thursday class  
\_\_\_\_\_ \$1900 for the year OR \$190 monthly      \_\_\_\_\_ \$1350 for the year or \$135 monthly

Please initial your selection below;

\_\_\_\_\_ 10 equal instalments to be taken September 2021 - June 2022, payable by cheque, money order, or credit card. A 5% surcharge will be added for payment by credit card.

**OR**

\_\_\_\_\_ Full tuition payment September 2021

**Your card will also be charged \$50 to purchase 4 tickets to our Annual Pub Night and Dance Fundraiser to be held in March 2022**

CARDHOLDER NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
EDMONTON, AB

POSTAL CODE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

CARD NUMBER \_\_\_\_\_

EXPIRY DATE \_\_\_\_\_

CVV SECURITY CODE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

SIGNATURE \_\_\_\_\_

## Glenora Preschool – Cleaning Bee Commitment Letter and Authorization

I \_\_\_\_\_ understand that I am required to attend 2 cleaning bees at Glenora Preschool. Once I have signed up for my two cleaning bees, it is my responsibility to ensure if I am unable to attend, that I find a suitable replacement (whether spouse, family member, etc. or trading with another family from the preschool). It is, furthermore, my responsibility to notify the Cleaning Bee Coordinator of any such changes. If I (or a suitable replacement) fail to attend I give permission for my credit card to be charged \$150.00 for each missed cleaning bee.

X \_\_\_\_\_ DATED \_\_\_\_\_ 20\_\_\_\_\_  
Parent/Guardian

CARDHOLDER NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

POSTAL CODE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

CREDIT CARD NUMBER \_\_\_\_\_

EXPIRY DATE \_\_\_\_\_

CVV SECURITY CODE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

SIGNATURE \_\_\_\_\_