

CLASSES FOR SEPTEMBER 2024 – JUNE 2025

ALL CLASSES ARE 3- TO 5-YEAR OLDS COMBINED

There is a \$20.00 non-refundable registration fee to be paid at the time of registration which can be cash or e-transfer (i.station.preschool@gmail.com)

CLASS OPTIONS	Tuesday & Thursday AM	Monday, Wednesday & Friday AM	Monday, Tuesday & Wednesday PM	Monday, Tuesday, Wednesday & Thursday PM
	2 days a week	3 days a week	3 days a week	4 days a week
TIMES	8:45 – 11:30 am	8:45 – 11:30 am	12:45 – 3:30 pm	12:45 – 3:30 pm
SOUTH LOCATION (203-2002 Luxstone Blvd. SW)				
WEST LOCATION (1101 – 403 Mackenzie Way SW)				
COST OF PRESCHOOL EACH MONTH	\$165	\$230	\$230	\$310
ALBERTA AFFORDABILITY GRANT EACH MONTH	\$75	\$75	\$75	\$75
PARENT PORTION TO PAY EACH MONTH	\$90	\$155	\$155	\$235



Inspiration Station Preschool Registration

Registration form filled out completely

\$20 Deposit Paid
(i.station.preschool@gmail.com)

Child Information

Child's Name: _____ Birth date: _____ M or F
Last First
Address: _____ City: _____ Postal Code: _____
Home phone: _____ Referred by: _____

Medical Information

Are Immunizations up to date? Yes No

Severe Allergies: Yes No If yes, does your child require an EpiPen? Yes No
Policy requires a signed Medication Release Form and an EpiPen be kept at school at all times.
Please list allergens:

Other serious medical conditions (please describe): _____

Parent/Guardian Information

Please note: Due to licensing policies, we cannot accept box numbers as addresses; we must have a land description number to provide in an emergency.

Name: _____ Relationship to Child: _____
Address the same as child: Yes No
Address: _____ City: _____ Postal Code: _____
Cell # _____ Other# _____
E-Mail address: _____
Name: _____ Relationship to Child: _____
Address the same as child: Yes No
Address: _____ City: _____ Postal Code: _____
Cell # _____ Other# _____
E-Mail address: _____

Emergency Contacts

*Please provide people to be contacted in case of emergency **other than parents**. We cannot accept box numbers as an address we must have a land description number to provide in an emergency.*

Contact Name: _____ Relationship to Child: _____
Address: _____ City: _____ Postal Code: _____
Home # _____ Cell # _____ Work # _____

Alternate Pick Up People

Contact Name: _____ Cell # _____
Contact Name: _____ Cell # _____
Contact Name: _____ Cell # _____

Background Information

Has your child been assessed and/or treated by any of the following?

- Speech Language Pathology Occupational Therapy Physical Therapy
 Psychology Vision Testing
 Hearing/ Audiology Early Childhood Development Team Other (pediatrician, ENT)

Do you have any assessment or therapy reports? Yes No

Is your child on a waitlist for any of the above? Yes No

If Yes, please explain: _____

Has your child attended any other preschools? Yes No

If Yes, where?: _____

Has your child received Program Unit Funding (PUF)? Yes No

If Yes, what agency: _____

Is your child potty trained? Yes No

Is your child's speech clear? Yes No

Do non-family members understand your child? Yes No

My child speaks the following languages: _____

My child understands the following languages: _____

Does your child have any physical or emotional conditions that staff should be aware of?

Are you concerned about any area of your child's development? Yes No

If yes, would you like to speak to a member of our early intervention team? Yes No

Additional Comments:

CHILDCARE LICENSING REGULATION

Inspiration Station Preschool is not allowed to have a child in attendance with incomplete registration forms.

Consent Form

CONSENT OF PARTICIPATION: I hereby give permission for my child to accompany his/her class, under the supervision of a preschool teacher, on outings during the preschool term. This includes outdoor play at the playground.

Signature of Parent/Guardian or Type your Name: _____ Date: _____

PARENT'S AUTHORIZATION: My child has permission to engage in all prescribed Preschool activities. In the event that I cannot be reached in an EMERGENCY, I hereby give permission for my child to be hospitalized/treated as deemed necessary by medical personal.

Signature of Parent/Guardian or Type your Name: _____ Date: _____

PLEDGE: I have read the information sheet and realize what will be required of me as a participating parent. I understand that it is my responsibility to read and abide by the Policies of the Preschool as outlined in the Preschool's Parent Handbook provided on First Day of School. I agree to;

- a) Pay fees promptly,
- b) Give thirty (30) days notice to the registrar before withdrawing my child,
- c) Abide by all school policies.

Signature of Parent/Guardian or Type your Name: _____ Date: _____

TRANSPORTATION: Staff Affiliated with Inspiration Station Preschool are not in any way responsible for the safety of my child while being transported to and from Preschool. Staff of Inspiration Station, Airdrie Foundation 4 Early Intervention and Airdrie Connections 4 Early Intervention are NOT insured to transport children and are NOT approved to transport children.

Signature of Parent/Guardian or Type your Name: _____ Date: _____

BEHAVIOUR POLICY:

It is central to the philosophy of the preschool that all staff should be very positive at all times towards the children, towards each other and towards the preschool. Any issues or problems arising with children, other members of staff or parents should be discussed in private with the director of the preschool. The passing of negative comments about parents, other staff or children is not acceptable in any other forum.

Our staff endeavour to implement positive behaviour strategies in order to teach children what behaviour we WANT rather than focusing on the behaviour we do NOT want.

Preschool children often do not have the ability to negotiate and verbally communicate their needs and/or concerns. Staff will endeavor to observe and interpret non-verbal communication and provide appropriate accommodations to support the child's needs.

Please refer to our FULL Behaviour Policy posted in the coat room.

Signature of Parent/Guardian or Type your Name: _____ Date: _____



Consent for Public Use of Child Images

FORM TO BE COMPLETED ANNUALLY BY PARENTS/GUARDIANS
AND FILED AT THE SCHOOL

There are instances when it is desirable to use digital or social media platforms to showcase children's achievement and projects, including the publishing of a child's photographs, videos, or other work and activities. To publicly display or publish the above noted items created by or involving your child on the Internet or through other media in any form, consent is required from the parents / guardians.

To avoid the need for repetitive requests for consent in a given school year, the intent of this form is to provide annual consent. Please review the information below and if you consent, please sign and date the form.

Declaration:

I hereby consent to allow Inspiration Station Preschool representatives to use my child's photographs, videos, or other work and activities, for the purpose of highlighting children's accomplishments and successes digitally, on the Internet, or through the media (Instagram and/or Facebook)

Disclaimer:

The Internet is not governed, regulated or restricted at this time. Therefore, access to information/ images posted on the Internet are permanent and cannot be limited to a specific audience or made available only for a specific time period.

Date:

Child's Name:

Name of Parent/Guardian: (please print)

Parent/Guardian Signature:

PLEASE NOTE: Photos, videos or images of children attending or participating in school activities (e.g. concerts, field trips, graduation or other ceremonies), that are open to the general public, may be taken by school staff, other family members, the public-at-large, including videographers, and used for purposes within and outside the school. Airdrie Foundation 4 cannot control or prevent the further distribution or use of these photos, videos, images or other personal information by those who access the information.