

(Mckillop United Church)
2329-15th Avenue, S
Lethbridge, AB
T1K 0X5
Phone: 329-8414



Welcome,

Lethbridge Play & Learn Preschool is a non-profit, parent participation preschool. Children accepted into the preschool range in age from 3 to 5 years old.

Our philosophy stresses learning through play, which is the medium for basic learning in the early years. Your child will be provided with a rich variety of play materials, playmates their own age, and a qualified teacher. Our teachers are knowledgeable about age-appropriate activities and skilled in developing a program of learning from the child's play interests and intellectual, social and emotional needs.

Lethbridge Play & Learn Preschool offers four age appropriate classes:

3 yr. Olds	Tuesday & Thursday A.M. (9:30-11:30)	\$110/month
3 yr. Olds	Tuesday & Thursday P.M. (1:00-3:00)	\$110/month
4 yr. Olds	Monday, Wednesday, Friday A.M. (9:00-11:30)	\$150/month
4 yr. Olds	Monday, Wednesday P.M. (12:45 – 3:15)	\$130/month

Parent participation makes our preschool a rewarding experience for both you and your child. It requires of us all an investment of time and effort. Parent participation comes in two areas. The first is as a Parent Aide in your child's classroom. The second is as a member of the board of directors or as a member of one of the six committees responsible for all aspects of daily operation and maintenance.

Being a Parent Aide allows you a unique opportunity to participate in your child's experience in the classroom. The Parent Aide takes the place of a full-time Teacher's Aide. While the teacher is responsible for developing the program presented to the children, the Parent Aide plays an essential part in the day-to-day operation of the school. Schedules are prepared at the beginning of the school year and your special day takes place about every six to eight weeks. Parent Aides provide a nutritious snack for the class, as well as napkins for the snack to be served on. Your child will be your special helper and is also asked to bring in a show and tell item that day.

Committee involvement generally requires two to five hours of your time during the year, with most committee jobs able to be done at home. There are six committees within the school; their responsibilities are summarized in our registration form.

The following pages contain additional information regarding member responsibilities and a summary of policies of the Lethbridge Play & Learn Preschool Society. Please read them carefully as your signature on the registration form indicates your agreement and acceptance of these responsibilities and policies.

A parent orientation night is held during the first week of September to welcome parents to the preschool. You will receive an email in June to confirm your registration. We look forward to sharing a new school year with you and your child at Lethbridge Play & Learn Preschool.

Registrar, Lethbridge Play & Learn Preschool

Lethbridge Play & Learn Preschool Society

POLICIES SUMMARY

The *Parent Orientation Handbook*, which contains additional information, will be given out at Orientation Night in September. **Please read them carefully as your signature on the registration form indicates your agreement and acceptance of these responsibilities and policies.**

Member Obligations and Responsibilities:

Each member/family in the parent participation preschool is expected to help the school through donation of his/her time by

- Being a Parent Aide in the classroom
- Being assigned to one of the work committees
- Participating in two major fund raising events held in the spring and the fall, with a minimum contribution of \$50 for each fundraiser. Monies raised by these two fundraisers are used for the purchase of educational equipment and supplies for the Lethbridge Play & Learn Preschool.
- Participating in one of two clean up nights (spring clean-up and final clean-up/inventory) during the year.

Parent Aides:

Since our provincial licensing requirement makes it **mandatory that two adults are present at all times** during operating hours it is essential that a parent or parent substitute attend on their help day.

- If the date you are assigned is not convenient, it is possible to trade with another parent, but **these arrangements are your responsibility.**
- As your full attention is required in the classroom, parents are **not permitted to bring other children in on their Parent Aide day.**
- Should a parent fail to attend or arrange a substitute on their help day, they will be **assessed a fine of \$30.00.** Please note that we hope to never implement this policy, and therefore paying \$30.00 should not be considered an alternative to coming in on your help day.
- As a Parent volunteer in the classroom you must agree to maintain confidentiality of students and of school matters while performing your duties.

Snacks:

When preparing snacks for your help day please observe our policy of providing a nutritious snack and be fully aware of any allergy concerns.

Health and Safety:

If your child has any allergies please make sure our teachers are fully aware of them and any special requirements. All allergies will be posted and all parents will be made aware for purposes of snack preparation. If your child has a very severe allergy or requires a restricted diet, you may be asked to provide snack for your child each day.

Teachers must be notified of any communicable diseases as these are to be reported to the Health Unit.

On school excursions, all children must be restrained in accordance with Alberta Seatbelt Laws. Suitable car seats or booster seats must be supplied for your child. For children under 40 lbs. seats must be properly tethered in the vehicle. Parents are responsible for checking with their own insurance companies for any requirements when carrying children in their care.

All children should be fully potty trained. Use of disposable training pants in lieu of complete training is not acceptable.

Registration:

Upon completion of the registration form and payment of the registration fee, a space will be held for your child. Only after payment of the full years fees, in the form of post-dated cheques, is received is your place in the preschool guaranteed.

A \$50 membership and registration fee is payable at time of registration and is non-refundable.

Age conditions are as follows:

3 year olds – Tuesday/Thursday classes

Children registered in the Tuesday/Thursday morning and afternoon classes must be three years old before September 30th of the year in which they are registered. **All children must be toilet trained.**

4 year olds – Monday/Wednesday/Friday classes

Children registered in the Monday, Wednesday, Friday morning, and the Monday and Wednesday afternoon classes must be four years old before December 31st of the year in which they are registered. **All children must be toilet trained.**

Current and past members will be able to pre-register their children for the new school year.

Current members who wish to switch their children to another class where there is a vacancy must first have their name on the waiting list. The teacher and/or director in consultation with the Board of Directors will make final decisions regarding class placement.

Fees:

Fees are payable using post-dated cheques dated for the 1st day of every month. First and last month's fees are paid in September. Post-dated cheques for the entire year's fees must be received prior to the first day of classes. Cash is also accepted, but must be paid in a lump sum not monthly.

There will be a \$30 Charge for each NSF cheque received by the school.

There are no reimbursements for vacation or sickness.

Withdrawal or Suspension:

A member may withdraw from the Society by giving thirty (30) days notice in writing to the Registrar of intent to do so and, in this case, unused tuition fees, if any, will be returned in full. Refunds are not given for withdrawals during April, May, or June, as the child cannot be replaced. When thirty (30) days written notice, from the 1st of the month, is not given, the Board of Directors will decide what portion of fees belonging to period between notice of withdrawal and the proper thirty (30) day interval, if any, should be returned.

In the event the dues of a member are not paid on the due date as a result of a cheque returned from the bank, such member shall be deemed delinquent and will be notified immediately by the Treasurer in the form of a telephone call followed by a written notice to that effect. If, after such a notice, a member shall neglect or refuse to pay such dues plus applicable service charges on or before the last day of the month, such omission shall constitute immediate suspension of all rights and privileges of membership and such member shall be dropped from the membership of the Society and their child withdrawn from class.

School Calendar:

School holidays follow the Lethbridge Public School calendar. Preschool starts approximately one week later than the Public School system in September and finishes approximately one week earlier in June. Professional development days are not observed by the preschool. Refer to the orientation handbook for the school calendar.

Freedom of Information:

In accordance with the Freedom of Information and Protection of Privacy Act, Lethbridge Play & Learn Preschool has permission:

1. To use individual and class photos and / or video of school activities within the school and for current and/or future advertising.
2. To use student names and other related contact information, phone numbers and birth dates.

Lethbridge Play & Learn Preschool Society

Registration Form

(Please Fill Out Entirely)

Child's Name _____ Preferred Name _____
First Last

Birth Date ____/____/____ Male Female
Year Month Day

Physical Address _____ Postal Code _____

Child lives with: Both Parents Mother Father Other _____
Whom to contact regarding school business: Both Parents Mother Father Other

Father's Name _____ Occupation _____
First Last

Home Phone _____ Business Phone _____ Cellular Phone _____

Business Name/Address _____

Email Address: _____

Mother's Name _____ Occupation _____
First Last

Home Phone _____ Business Phone _____ Cellular Phone _____

Business Name/Address _____

Email Address: _____

Have you had a child in the school before? _____
Where did you hear about the preschool? _____

Please indicate your choice of class:
(refer to the attached policy summary for age conditions)

3 yr. Olds	Tuesday & Thursday A.M. (9:30-11:30)	_____	\$110/month
3 yr. Olds	Tuesday & Thursday P.M. (1:00-3:00)	_____	\$110/month
4 yr. Olds	Monday, Wednesday, Friday A.M. (9:00-11:30)	_____	\$150/month
4 yr. Olds	Monday, Wednesday P.M. (12:45 – 3:15)	_____	\$130/month

A summary of the Lethbridge Play & Learn Preschool Society policies is attached. Please ensure you read and understand these policies. If you have any questions contact the school for clarification. A complete parent handbook is available to you if you wish to examine it.

The policies of, and my responsibilities to, Lethbridge Play & Learn Preschool have been explained to me. I do understand and agree to follow these policies.

Date _____ Signature of Parent or Guardian _____

* *Your fee of \$50.00 will cover membership and registration and is non-refundable.*

** *Registration is not considered complete until post-dated cheques for the entire years fees are received in September.*

*** *Your signature also indicates acceptance of the Freedom of Information & Protection of Privacy Provisions as outlined in the Lethbridge Play & Learn Preschool Society's Policies Summary.*

-----Office Use Only-----

Registration Fee Received: Cash Cheque

Registration Date: _____

TEACHER INFORMATION SHEET

(Please Fill Out Entirely)

Child's Name _____ Preferred Name _____
First Last

Birth Date ____/____/____ Male Female
Year Month Day

Physical Address _____ Postal code _____

Child lives with: Both Parents Mother Father Other

Father's Name _____ Occupation _____
First Last

Home Phone _____ Business Phone _____ Cellular Phone _____

Business Name/Address _____

Email Address: _____

Mother's Name _____ Occupation _____
First Last

Home Phone _____ Business Phone _____ Cellular Phone _____

Business Name/Address _____

Email Address: _____

Emergency Contact: If we are unable to contact those above, who would you have us contact?

Name _____ Relationship to child _____ Phone (s) _____

Physical Address _____

Medical Information:

Alberta Health Care No. _____ - _____ Are immunizations up to date?: _____

Child's Physician _____ Phone _____ Location _____

Does your child have any of the following you feel staff should be aware of? (use the back of this form if necessary)

Disabilities? _____ Allergies? _____

Dietary Restrictions? _____ Medications? _____

Other medical history? _____

Emergency Medical Treatment – *In the event of an emergency when I am not available, I authorize the administration of any medical procedures deemed necessary by my doctor, or if unavailable, by any other physician selected by the teacher of Lethbridge Play & Learn.*

Date _____ Signature _____

Social: Brothers/sisters (names & ages), pets _____

Any other important information? _____

Custody:

For your child's safety, please state who will usually be bringing or picking up your child:

1.) _____ 2.) _____
First Last First Last

Are there any special custody issues we should be aware of? _____

Field Trips – *I give my permission for _____ to participate in field trips, under the supervision of the school staff. Transportation will be by parent volunteers in their personal vehicles or by school bus. Lethbridge Play & Learn Preschool Society is not held responsible for any loss or injury incurred during field trips.*

Date _____ Signature _____

Lethbridge Play and Learn Preschool Image Release Form

Student Name: _____ **Class:** _____
Address: _____ **Telephone:** _____
City: _____ **Province:** _____ **Postal Code:** _____

This release is for the use of all students of Lethbridge Play and Learn Preschool. It will remain in effect from the time of signing indefinitely. This information will be recorded on the class roster. To change consent you must complete a new Image Release Form.

Parent(s)/guardian(s): Sign this release for children under the age of majority. This release is effective indefinitely.

Child's Name: _____

Birth Date (if a minor): _____

In the course of activities, representatives of Lethbridge Play and Learn Preschool, third party participants and staff may take photographs or otherwise record events. These photographs and recordings are sometimes used to promote Lethbridge Play and Learn Preschool. Please advise us if you are willing to have your own image and voice and/or your child or ward's image and voice used for promotional purposes by Lethbridge Play and Learn Preschool, as indicated below:

I, on my own behalf and/or on behalf of my child/ward, give permission to Lethbridge Play and Learn Preschool to photograph and record me and/or my child/ward's image and voice on still photographs, motion picture film, audio tape, video tape or digital media and to use this material, and/or similar material provided to Lethbridge Play and Learn Preschool by me or third parties involved in Preschool events, in whole or in part, now and in the future, through the media of television, film, Internet, multi-media presentation, radio, audiotape, videotape, in printed form and display form for the promotion of Lethbridge Play and Learn Preschool. I, on my own behalf and/or on behalf of my child/ward assign and transfer to Lethbridge Play and Learn Preschool any and all proprietary rights, including copyright, and waive all personality rights, which I may have or my child/ward may have in this material.

Lethbridge Play and Learn Preschool are only responsible for official uses of photographs and recordings. Any personal uses by Parents, preschool members and non-members outside of the promotional uses outlined above are not monitored by or the responsibility of Lethbridge Play and Learn Preschool.

NOTE: It is mandatory that you complete this section. Please check and sign to confirm your selection.

I, on my own behalf and/or on behalf of my child/ward:

Give my permission as set out above

OR

DO NOT give my permission as set out above

Name of applicant/ or parent/guardian signing form:

Signature of applicant or parent/guardian:

Relationship to child/ward

Date

We protect and respect your privacy. Your personal information is used only for the purposes stated on or indicated by the form.