



Registration Application

2021-2022

Please complete the following registration form and return it to the Trinity Baptist Church Office at 22550 Twp Rd 530, Sherwood Park, AB, T8A 4T7.

Incomplete or illegible applications are unable to be processed. Once your registration is processed you will receive a confirmation email. More information regarding the start date and other details will follow in August.

<p>Applying for: <input type="checkbox"/> 3-YEAR-OLD CLASS (Tues/Thurs – \$155/month) Registration Fee \$50 Activity Fee \$75</p> <p>*Children must be 3 years of age by October 31st of the year they begin preschool.*</p>
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<p>Applying for: <input type="checkbox"/> 4-YEAR-OLD CLASS (Mon/Wed/Fri – \$180/month) Registration Fee \$50 Activity Fee \$75</p> <p>*Children must be 4 years of age by December 31st of the year they begin preschool.*</p>
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All registration forms must include:

- Completed Signed Application Form (*all *starred* categories must be filled*)
- Signed Covenant Form
- Cheque/Cash for Registration Fee (non-refundable)
- Cheque Post-dated July 1st for Activity Fees (non-refundable after July 1st)
- Completed and Signed Pre-Authorized Payment Information Page
- Void Cheque or Account Information

Child's Full Name _____

Preferred Name (classroom use): _____ Date of Birth: _____

Child's Address: _____

Preferred Phone Number: _____

OFFICE USE ONLY:

Acceptance Email Sent _____

Bookkeeper Entered _____

****Parent/Guardian #1** *(Primary Contact)*

Name: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

Mailing Address: _____

Physical Address
(If different from above): _____

Email: _____

Relationship to Child: _____

****Parent/Guardian #2** *(Secondary Contact)*

Name: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

Mailing Address: _____

Physical Address
(If different from above): _____

Email: _____

Relationship to Child: _____

****Emergency Contact** *(Non-Parent/Guardian)*

Name: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

Physical Address: _____

Relationship to Child: _____

Alternative Pickups: (optional) We recognize that at times other individuals need to pick up your child. We 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. Below you may list two alternate contacts who could regularly pick up your child.

Your child will not be released to anyone else without prior arrangement. We reserve the right to request photo identification if deemed necessary for the safety of your child.

Name #1: _____ Cell Phone: _____

Relationship to Child: _____

Name #2: _____ Cell Phone: _____

Relationship to Child: _____

**Are there any custody disputes we should be aware of? YES NO

**Are there any specific individuals who may attempt to contact your child and are specifically prohibited to do so? NO YES (Please list) _____

****Medical Information**

Are you child's immunizations up to date? NO YES

Is your child on daily medication? NO YES (Please list) _____

Does your child have any allergies? NO YES (Please list) _____

Does your child have special needs? NO YES (Please explain)

If so, will your child be coming with an aide? NO YES

About Your Child

Are there other children in the family? If so, please list names & ages:

1. _____ 2. _____

3. _____ 4. _____

In a social setting, is your child: Withdrawn Comfortable Very Outgoing

****All children attending this program must be independent in using the bathroom and wiping by the time classes begin in September. Teachers do not potty train students. ****

Additional Information

Does your child have any challenges we should be aware of? For example: speech, vision, hearing, gross motor skills, etc. NO YES (Please Describe.....)

Are there concerning behavioral patterns that we should be aware of? (For example, running, hiding, biting, etc) NO YES (Please Describe.....)

Is there anything else you would like to share about your child?

How did you hear about Trinity Preschool? _____

I, _____, hereby authorize that the above information is current and accurate.

Signature

Date



Parent/Guardian Covenant

I, _____, hereby understand and agree to the following:

- A. As a parent/guardian, I have the freedom to approach the Trinity Preschool staff with any questions or concerns I may have regarding my child.
- B. The Trinity Preschool includes spiritual components which may include, but are not limited to, Bible stories, songs, chapel, and prayer times. By signing below I am giving permission for my child to be included in all aspects of the Trinity Preschool program, including the spiritual components.
- C. I will ensure that adequate funds will be available for my child's monthly tuition payments. Should a payment be returned to Trinity Baptist Church as NSF, I agree to pay an additional \$25.00 NSF charge and will forward the missed payment, along with the additional NSF fee, to Trinity Baptist Church, in cash, within 10 days of receiving notification of the missed payment.
- D. In the event of a medical emergency, should the Trinity Preschool Staff be unable to get through to an approved contact as listed in my child's registration package, I hereby authorize the staff to seek medical treatment for my child from any doctor or medical personnel deemed appropriate by staff. If an ambulance or other emergency service is required, I acknowledge that this service will be provided at the parent/guardians' expense.
- E. Should my child require medication to be administered by Trinity Preschool Staff, I will complete the appropriate form supplied by the Preschool Staff.
- F. I hereby grant Trinity Preschool Staff permission to administer medical treatment in case of an allergy emergency. (ie// Epi-pen, etc.)
- G. I will abide to the drop off and pick up times as detailed in the Trinity Preschool Handbook.
- H. I acknowledge that, as part of the Trinity Preschool program, my child will be taken outside to play, walk, and explore around the Trinity Baptist Church property when the weather is appropriate (ie// Above -20⁰C).
- I. I agree to promptly update the Trinity Preschool or Church Office with any changes to address, contacts, contact information, or other information vital to the care of my child.
- J. I hereby grant permission for my child to be photographed, recorded and/or videotaped for the purpose of in-class sharing with parents of Trinity Preschool and/or to be used for Trinity Preschool or Trinity Baptist Church events.
- K. I hereby agree to provide one month's written notice to Trinity Baptist Church Office should I intend to withdraw my child from the Trinity Preschool Program. I acknowledge that withdrawing my child from the program will result in my forfeiting their spot as of the date of

notification of withdrawal. I further acknowledge that neither the activity fee, nor the registration fee will be returned to me, regardless of when the withdrawal occurs in the school year.

- L. I hereby agree that my child’s registration may be withdrawn should my child engage in ongoing and repetitive behavior that displays a disregard for the Trinity Preschool Staff; is aggressive toward other children in the Trinity Preschool program; or engages in behavior that is destructive in nature.

- M. The full monthly fee applies even if the registered child only attends part-time. For example, if your child only attends two of the three days for the Mon/Wed/Fri class, or one of the two days for the Tues/ Thurs class, the full monthly fee will still apply.

Signature of Parent/Guardian

Date



22550 Twp. Rd. 530
Sherwood Park, AB T8A 4T7

780-464-4040
info@tbcsherwoodpark.ca

Trinity Baptist Preschool Pre-Authorised Payment Information

Name(s): _____

Billing Address: _____

City/Province: _____ **Postal Code:** _____

Home Phone: _____ **Cell Phone:** _____

Email Address: _____

I/we, hereby request and authorize Trinity Baptist Church to withdraw from my/our bank account the following payment: (Please supply a void cheque or account information which provides bank information for the pre-authorized payment)

3 YEAR OLD CLASS (Tuesday & Thursday – \$155/month)

4 YEAR OLD CLASS (Mon/Wed/Fri – \$180/month)

I/we, hereby request that the above TOTAL be withdrawn on the following date every month.

1st of every month

15th of every month

AUTHORISATION

I/we, _____, hereby authorize Trinity Baptist Church to withdraw the above amount, monthly, on EVERY DATE requested above, until such time as this authorization is cancelled or amended in writing. I/we acknowledge that any additions, changes, or cancellations may take upwards of 30 days to take effect.

DATED

SIGNED