

Seedlings Early Learning

Registration Form SILVER SPRINGS Community Center - Preschool & Kinder

BASIC INFORMATION

Name of child:			
Date of birth:			
Address:			
Postal Code:		Phone #:	
e-mail:			
Name of Parents or Guardians:	Address & Ph. No. (If different from child's)		
Mother:			
Father:			
Parent's Workplace:			
Mother:		Work Phone #:	
Father:		Work Phone #:	

PRESCHOOL & KINDER PROGRAMS

PROGRAM SELECTION

PLEASE CLEARLY MARK YOUR CHOICES AND CHECK PRICE ON CLASS SCHEDULE

HALF DAY CLASSES

Morning class: 9:00 - 12:00	MON	TUES	WED	THURS	FR
Afternoon class: 12:20 - 2:50	MON	TUES	WED	THURS	FR

REGISTRATION: Based on Class Tuition and Fee Schedule please submit the following e-transfer / cheque for registration:

Please write cheque to: SSP

Mailing address: 18 Cougarstone Terrace SW T3H 4Z8.

PAYMENT AT REGISTRATION

(Reg., Materials & Deposit fees)

NON REDUNDABLE Registration fee (dated day of registration) - (one per family)	\$ 75.00
NON REDUNDABLE Deposit - June monthly fee of the school year (dated day of registration)	\$
Refundable Materials annual fee (dated day of registration)	\$
ONE CHEQUE - DATED DAY OF REGISTRATION - TOTAL AMOUNT OF REGISTRATION, DEPOSIT & MATERIALS:	\$
PRE-AUTHORIZED DEBIT AGREEMENT FOR PAYMENT OF MONTHLY TUITION. (Please fill out and sign PAD form)	
9 PAYMENTS: Sept. 1 to May 1 of the school year - Monthly fee - PAD Agreement amount	\$

REGISTRATION AND WITHDRAWAL POLICY

Registration fee: This is a non-refundable fee.

Materials fee: This is a refundable fee in case that the child is withdrawn from the program prior to the beginning of the school year.

Deposit fee: This is the total amount of the last monthly fee of the preschool year (June).

The Deposit fee will only be refundable for students attending the preschool for at least 2 months and with a 2 months in advance written notice.

In the case of withdrawal of a child or reduction of number of classes/week, 2 months written notice is required for PAD agreement change or termination.

Notice must be received on or before the 1st of the month. No rebate of fees will be given for temporary absences.

With this registration I agree to give SSP two month's notice of withdrawal / absence /change of class or I will forfeit two month's payment.

Signature of Parent/Guardian
Date

KNOWING YOUR CHILD	
Please describe below your child's personality, what activities he/she enjoys or not, what makes him/her happy and sad, his/her favorite game, book, character, what cheers him/her up when upset, and any other information you'd like to share!	
EMERGENCY CONTACTS & MEDICAL INFORMATION	
Alternative Contact	relationship
Home address	cell phone
Work address	phone
Alternative Contact	relationship
Home address	cell phone
Work address	phone
Medical Information	
Children's AHC #	
Family Doctor	phone
Work address	
Child Information	
Is your child allergic? If so, how does it usually manifest itself?	
Other allergies or restrictions	
Physical Disabilities or restrictions	
If your child has an allergy we are required to have written instructions on how to proceed in the event your child has a reaction.	
Please write down the specific instructions on how to deal with the allergy.	
Are immunizations up to date?	
If your child requires medication to be taken during class time please contact Judith Sanchez at 403-210-0604 and leave a written note with the teacher giving exact instructions on how to give the medication to your child.	
Medical Release	
In the event of any accident or sudden illness, I _____ hereby give permission for emergency medical treatment for my child, _____. I understand that Seedlings Early Learning staff will call me or my emergency contact person prior to leaving for the emergency destination.	
I will be responsible for any and all related expenses such as ambulance, taxi, etc...	
Signature	Date
Consent for Community walk and outdoor movement activity	
Seedlings staff organize community walks and outdoor activities. (art /snack / movement / science / story time)	
If a parent does not want the child to participate in those activities on a specific day it is the caregiver's responsibility to communicate it in writing to the teachers with a signed note at drop off time in the communication's book.	
Please let us know how you heard about us: Google Ad____ Child Magazine____ Street Sign____ Word of mouth____ Flyer____ Other:_____	
PARENT HANDBOOK AGREEMENT	
I have been given the Seedlings Early Learning Handbook and agree with the policies contained within	
Signature	Date



REGISTRATION FOR SEEDLINGS EARLY LEARNING

REGISTRATION

Please submit to the preschool:

1. Forms:

Complete Registration Form (pages 1 & 2)
Media Release Agreement
Medication Consent Form (If applicable)
Pre-Authorized Debit ("PAD") Agreement Form

If submitting forms by email please also send it by mail or bring a paper copy to preschool on the first day of classes.

2. One Registration payment including:

Annual family registration fee: \$75
Annual materials fee: (Amount on Registration form or Class and Fee Schedule)
Deposit fee:

Half day program: June monthly fee (last month of the school year)

Full day program: September monthly fee (first month of the school year)

Please refer to the Class and Fee Schedule or registration forms which include the different class options and fees

For Registration payment please choose one of the following:

1. E-transfer to seedlingsspanish@gmail.com

Please choose one of the following questions and answers for the transaction:

Language taught: Spanish

Name of preschool: Seedlings

Initials of preschool: SSP

2. Send a cheque dated DAY OF REGISTRATION written to: SSP

Mailing address:

SSP
18 Cougarstone Terrace SW
T3H 4Z8



Pre-Authorized Debit (PAD) Plan agreement

1. Payment Information

- Monthly Debit Amount: \$ _____
- Transaction Date: From: ____/____/____ To: child's Termination Date OR To: ____/____/____
mm dd. yyyy mm dd yyyy

3. Pre-Authorized Debit (PAD) Details

I/we authorize SSP LTD and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our SSP account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the 1st day of each month.

SSP will obtain my/our authorization for any other one-time or sporadic debits and will provide me with 10 calendar days written notice of the amount prior to any debits.

This authority is to remain in effect until SSP has received written notification from me/us of its change or termination. This notification must be received at least sixty (60) calendar days before the next debit is scheduled at the address provided below. I/We may revoke this authorization at any time, subject to providing two months written notice. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.cdnpay.ca.

I/We agree that should my payment not clear for any reason; the PAD will re-try within 5 days and a \$25 NSF fee will be charged for this service.

In the case that I/WE request a change in service I/WE agree that SSP automatically update the PAD amount upon receiving authorization in writing or email. I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca. I/we understand and accept the terms of participating. In this PAD plan.

Signature of Account Holder

Signature of Joint Account Holder (If applicable)

Name (Please Print)

Name (Please Print)

Date

Date

Phone Number

Phone Number

Type of Service: Personal _____ Business _____

Please submit completed form to:
Seedlings Spanish Preschool LTD
18 Cougarstone Terrace SW, Calgary, AB, T3H4Z8
Tel: 403-210-0604 seedlingsspanish@gmail.com

MEDICATION CONSENT FORM

TO BE COMPLETED BY PARENT

I give my permission for _____ to give or apply the medication
(Facility)
_____, to my child _____, as follows:
(Specify, prescribed medication over the counter products) (Child's Name)

Directions:

1. Child's Name	2. D.O.B.
3. Date to Begin the Medication	4. Date to Stop Medication
5. Times Medication is to be Given	6. Dosage
7. Storage of Medication	
8. Allergy Symptoms	
9. Other Directions/Instructions, If Any	
Parent's Name	
Signature of Parent	Date (DD/MM/YYYY):

TO BE COMPLETED BY THE TEACHER:

[illegible]

Parent's Name _____ Parent's Signature _____ Date: _____

Media Release Form - Seedlings Early Learning

Child's name (student): _____

Parent / Guardian's name: _____

Your consent is voluntary and it can be revoked via written notice at any time. If you have any question, please contact Seedlings at 403.210.0604.

Please sign the form at the bottom of the last page.

EDUCATIONAL AND TRAINING PURPOSES – In class pictures and videos

A fundamental component of the Reggio approach to education is documentation. Pictures and videos taken during class or special events are valuable educational tools. This documentation will be available to parents and visitors at the preschool at formal or informal open houses.

Pictures and videos may also serve as wonderful tools for internal program evaluation and training purposes.

I (parent/guardian) of (student), authorize Seedlings to include my child (student) in videos and pictures that will be used internally by the preschool in order to evaluate the quality of the service provided and for training purposes within Seedlings staff as well as for documentation for educational purposes and open houses.

☐ Yes ☐ No

COMMUNICATION WITH FAMILIES

Communication with families: Email - Text

On certain occasions, and particularly during the initial few weeks of adaptation at school, parents would like to receive communication from teachers regarding how they kids are doing at preschool. A quick and effective way to communicate in those instances is through a picture or short video clip sent by email or text.

I (parent/guardian), authorize Seedlings to send me pictures or short video clips of my child to my email account or my personal cell phone.

☐ Yes ☐ No

Facebook - Semi-private option.

Only parents from each of the Seedlings classrooms will be able to access their own (shared) semi-private Facebook album.

The purpose of this album is to effectively share with families the activities, projects and work that the kids are participating in, please note that when you authorize your child to be included you will find in the album your child's pictures and videos with comments and songs. It is also very likely that you find there your child's image with his/her work and name and finally there could be videos of your child in preschool activities where teachers call him/her by name.

By authorizing Seedlings to include my child in the Semi-private Facebook album I understand that the album could include all of the following: My child's image, name, comments, work and video clips of my child participating in all preschool activities.

I (parent/guardian), authorize Seedlings to include my child (student) in the Semi-private Facebook album.

Please mark:

☐ Yes ☐ No

Promotional Purposes – Seedlings Web Page (including newsletters)

Seedlings may post some pictures and videos taken during class-time in order to demonstrate to potential clientele the activities undertaken by children enrolled in Seedlings, as well as to inform current parents of these activities and accomplishments via the newsletters posted on Seedlings Webpage.

I (parent/guardian), authorize Seedlings to include my child (student) on Seedlings web page.

Please mark:

☐ Yes ☐ No

Promotional Purposes – Facebook – Public album and Instagram:

Facebook & Instagram: Seedlings may post some pictures and videos taken during class-time in order to demonstrate to potential clientele the accomplishments and activities



undertaken by children enrolled in Seedlings.

Your child's name WILL NOT accompany your child's personal image.

I (parent/guardian), authorize Seedlings to include my child (student) on Seedlings Public Facebook album, and Public Instagram.

Please mark:

☐ Yes ☐ No

Promotional purposes – In class Project video

Video: Seedlings may do a video of one of the class projects where the Reggio approach to education fundamentals will be explained. It will include images and videos of the children in class activities and their work. Your child's name WILL NOT accompany your child's personal image. This video may be posted on Youtube, Facebook or the Seedlings web-page for public viewing.

I (parent/guardian), authorize Seedlings to include my child (student) in Seedlings' project videos.

Please mark:

☐ Yes ☐ No

Parent/Guardian Signature:

Date:
