



MUIR LAKE PLAYSCHOOL REGISTRATION FORM 2026/27

- A non-refundable \$150 deposit when submitting your Registration Form.

Class Preference (Please select your first and second choice).

Tues/Thurs AM 3 year olds (9 - 11:00) _____ Tues/Thurs PM 4 year olds (11:30 - 2:30) _____
Wed/Fri AM 4 year olds (9 - 12:00) _____

Child Information

Full Given Name _____

Date of Birth _____

Parent or Guardian Information

Full Name(s) _____

Address _____

City/Town _____ Postal Code _____

Primary Phone # _____ Secondary Phone # _____

Email(s) _____

Emergency Contact Information (Not parent listed above)

Full Name _____

Address _____

City/Town _____ Postal Code _____

Primary Phone # _____ Secondary Phone # _____

Relationship to the child _____

Authorized Persons for Pickup of Child (Other than parent or guardian)

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Medical Information

Allergies _____ Dietary Restrictions _____

Medications _____ Is your child immunized*? Yes No

*If answer is "No", please complete the Immunization Conscientious Objector

Medical Conditions/Concerns _____ Anything we should know? _____

Alberta Health Care Number _____

STATEMENT OF CONSENT – PLEASE SIGN

I, the undersigned, agree with and agree to the following for my child:

1. Any emergency procedures described under the emergency policies, as outlined below.

Initial _____

2. That my child can participate in any playschool activity within the playschool, and the grounds surrounding the playschool.

Initial _____

3. The child management policy, as outlined below.

Initial _____

4. My child's name and photographs may be used for display purposes in the playschool, advertising purposes (photos only), and for the yearbook.

Initial _____

5. I have read and understand all procedures and regulations as outlined in the Parent Handbook.

Initial _____

MINOR EMERGENCY (NON LIFE-THREATING) POLICY (E.G. cuts, bruises, nose bleeds etc.)

The teacher deals with minor emergencies, while the assistant teacher maintains class activity. The teacher will inform parents at the end of class via an incident report that must be signed by both parties.

Initial _____

MAJOR EMERGENCY POLICY (E.G. Head injuries, broken bones, major bleeding, etc.)

A teacher will handle the injured child; the other teacher will call 911.

The assistant teacher then contacts parents of the injured child, or their designated emergency contact if necessary.

If necessary, the assistant teacher obtains additional help from Muir Lake School. The secretaries have first aid.

NOTE: For emergencies where stitches may be required, but an ambulance call seems excessive, adults may transport a child who is not their own by private passenger vehicle. This can only occur if two adults accompany the child, and only if one adult has valid First Aid Certification and a cell phone with them; this is a Provincial Licensing condition and requirement.

Initial _____

CHILD MANAGEMENT POLICY

Where a child's behavior needs correction, our procedure is as follows:

- A discussion takes place with the child.
- Child may be removed from situation; a follow-up conversation takes place with the child before he or she is permitted to rejoin the group/activity.
- Where the problem involves another child, apologies need to be made, and choices are given before rejoining the class.
- If the problem involves a toy or piece of equipment, distraction to another activity, or removal of the toy may be helpful.
- Parent intervention is welcomed following this procedure.

Out of respect for the children in our program, we will not inflict any form of physical punishment, verbal or physical degradation, or emotional deprivation. We will not deny or threaten to deny any basic necessities. We will not use any form of physical restraint, confinement, or isolation.

Initial _____

I have read, understand, and agree with the above processes in regard to my child being enrolled at Muir Lake Playschool.

- **Name:** _____
- **Signature:** _____
- **Date:** _____

_____ **Muir Lake Playschool Executive Only** _____

STUDENT NAME:

DEPOSITS:

Registration Fee - Date paid: _____ Amount \$ 150.00_ Method of Payment _____

Volunteer Deposit - Date paid: _____ Amount \$ 300.00_ Method of Payment _____

Hall Fee - Date paid: _____ Amount \$30.00_ Method of Payment _____

PAYMENTS:

Full Tuition Fee - Date paid: _____ Amount \$ _____ Method of Payment _____

Cheque # if applicable _____

Monthly Installment Date paid: _____ Amount \$ _____ Cheque date and # _____

Cheque #s if applicable _____