



Association Prématernelle Les Bouts d'Choux French Immersion Preschool Registration Form

Dear parent/guardian,

Thank you for your interest in Les Bouts d'Choux! We are looking forward to welcoming both you and your child to our school community. Please ensure that you have fully completed your registration package before you drop it off, including your registration fee and deposit cheques. We have provided a handy checklist for you to help!

Have you included the following items in your registration package?

	50\$ registration fee
	400\$ non-dated fundraising deposit cheque
	75\$ non-dated cleaning deposit cheque
	Tuition cheques OR indicated payment preference? We require the first month's tuition by September 1 st .
	Completed all pages in the registration form, provided your child's health care number and filled out any relevant medical information? If you have any questions or concerns, please let us know and we will be happy to help you complete your child's form.
	Ensured that your contact info is legible and clear
	signed or initialed in all places indicated

If you have any questions or concerns, please let us know and we will be happy to assist you in the completion of your child's form.

Thank you for your cooperation! These steps ensure that our registration team can easily prepare for next year and make sure that all parents are kept apprised of any new information as we learn of it. We look forward to seeing parents at both our Annual General Meeting and our September Parent's meeting.

Thank you,

Les Bouts d'Choux Executive Board



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FOR OFFICE USE ONLY:	Registration Type: Current / Alumni / New	Cheque Number. : \$50 # _____
	Tuition Cheques Completed (June is ½)	\$75 # _____ \$400 # _____
		\$150 # _____ -# _____
	Tuition payments will be made: online, by cheque, by e-transfer (circle one)	\$120 # _____ -# _____
	Date Received: _____ By: _____	Completed Application? Yes / No

Student's Name _____

Class: (please circle) M/W/F 4-year-old: AM or PM Tu/Th 3-year-old: AM

Student's Date of Birth _____ Gender: _____

Home Phone Number _____ Alberta Health Care Number _____

Home Address _____
 Street Address City/Province Postal Code

Parent/Guardian Name _____ Relationship to Child: _____

Parent/Guardian Cell Phone # _____ Parent/Guardian Work Phone # _____

Parent/Guardian Name _____ Relationship to Child _____

Parent/Guardian Cell Phone # _____ Parent/Guardian Work Phone # _____

E-mail Address _____ Accept Text Messages? Yes / No (please circle)

Childcare Provider: Name _____ Phone # _____

Child's Doctor: Name _____ Phone # _____

Does your child have any physical conditions that we should be made aware of?

Please indicate whether your child has any allergies to insect bites, medication, food, animals, plants, dust, etc.
 Briefly explain your child's reaction to any allergies.

What countermeasures need to be taken if a reaction occurs?

Is your child on a restricted diet? Please explain.



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Does your child have asthma? Yes / No (please circle)

Do they use inhalers? If yes, please provide one for the school. Yes / No (please circle)

Does your child receive medication on a continuous basis? Yes / No (please circle)

If so, please list names and reasons for medication.

Has your child been diagnosed for any behavioural, cognitive, or other disorder affecting his/her ability to learn (e.g. Attention Deficit Disorder (ADD), Asperger Syndrome, Dyslexia, Autism, etc.)?
Please provide all relevant documents supporting the diagnosis.

Special Needs (list if any): Yes / No (please circle)

Is French spoken at home? Yes / No (please circle)

What language is spoken at home? _____

Has your child attended any organized activities? (Preschool, day home, play groups, Sunday school, etc.)
Please explain:

Please list any other concerns you may have regarding your child (i.e. fears, religious beliefs) and/or custody restrictions (use a separate sheet and attach any relevant documents to support if necessary):

If anyone other than the custodial parent(s) will be picking up or dropping off the child, please list their name(s): _____

Do you have any special talents or skills you would be willing to share with the children?

How did you hear about our preschool?



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Have you had your child's hearing checked? Yes / No (please circle)

Have you had your child's eyes examined? Yes / No (please circle-*note: this is a free service from Alberta Health Services provided through your optometrist*)

Immunizations up to date? Yes / No (please circle)

Applying for subsidy: Yes / No (please circle)

Emergency Contact:

(must be someone other than the parents/guardians residing within Edmonton city limits)

Name _____

Full Address _____

Phone # _____ **Cell #** _____

Relationship to Child: _____

Parent/Guardian's Signature

Date



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PARENTAL AGREEMENT AND GENERAL RELEASE
(please complete as necessary and initial in all boxes)

I hereby agree to abide by all **Les Bouts d'Choux** bylaws and policies including the following:

1. I understand in addition to my **\$50.00** non-refundable registration fee, I will supply one non-dated cheque in the amount of **\$75.00** to be returned, when I have completed my one (1) **cleaning day** during the preschool year. I will also supply **one** non-dated cheque for **\$400.00** to be returned to me when I have fulfilled the commitments of our one (1) **major fundraiser** (applicable in fundraising years). ☐
2. There is a parent/guardian requirement of a minimum three duty days per term for the three-year-old program and a minimum four duty days per term for the four-year-old program. Failure to follow through with this commitment will result in my child, _____, being removed from the program and his/her space being offered to the next child on the waiting list. If you are unable to attend your scheduled duty day, making a trade with another parent for your scheduled duty day is acceptable. This requirement may be waived in years where government or school policy prohibits it ie. during a pandemic. This information will be communicated to parents during the AGM. ☐
3. For non-casino years, parents may be required to support the preschool by participating in one major fundraising activity at the discretion of the parent executive board. If I fail to fulfill my requirements as outlined by the board, then I understand that my fundraising cheque of \$400 will be cashed. In casino years, one 8-hour shift at our casino fundraiser is required for each child I have registered in a program. Casinos are granted to our organization once every two years. My fundraising cheque of \$400 will be cashed if I do not fulfill this commitment. ☐
4. Should any of my cheques (tuition, registration, deposits, etc) be returned by my financial institution for any reason, I acknowledge that I am responsible for an additional **\$30 returned cheque fee, paid in cash** in addition to the amount of the returned cheque, due within one week from my notification. ☐
5. One month's written notice, submitted by the 1st of the month, to the teacher, is required to withdraw from the Preschool. Should I not give one month's written notice by the 1st of the month, I will forfeit one month's tuition. If less than one month's notice is given and if a replacement is not found to fulfill my fundraising and cleaning requirements, I will forfeit those deposits as well. **Please note August 1 is the withdrawal deadline to have your September tuition cheque returned.** ☐
6. I further understand that I must provide a healthy snack for my child each day. I will also abide by food guidelines and allergies outlined in the monthly newsletters. If my child is allergic to any foods, I will notify the preschool and a notice will be sent out in the newsletter for parents/guardians to not bring those foods for regular snack time or for special events . ☐



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7. I hereby remise, release and forever discharge **Les Bouts d'Choux**, its executive board, all teachers and anyone associated with the above named, their heirs, executors, administrators and assigns, of and from any and all manner of action and actions, cause and causes of action, suits, claims, and demands whatsoever at law or in equity which I ever had or now have, or which I, or our heirs, executors, administrators, or assigns hereafter can, shall or have reason of any matter arising out of the provision of food and beverage to my child.

Should any of these policies not be met, I understand my child will be asked to withdraw from the preschool with no refund issued.

I hereby declare that the information provided in this form is true, accurate and complete.

Signed on the _____ day of _____ 20____.

Parent/Guardian's Signature: _____

Witness' Signature: _____



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AUTHORIZATIONS

Emergency Permission

In case of emergency, I grant permission to the teaching staff to take whatever steps may be deemed necessary to administer emergency first aid and / or obtain medical care for my child, _____.
I agree to cover the cost of an ambulance if one is deemed to be required.

Parent's Signature _____
Date _____

Administration of Medication

Please initial in the box if this does not apply

☐

In the event of an emergency, I give permission to the Les Bouts d'Choux staff to administer the EpiPen or inhaler that has been prescribed to my child.
The following symptoms must be present before the child will be given the injection or inhaler:

EpiPen RX# _____ Dosage _____

Parent's Signature _____

Date _____



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Photo Consent

I grant permission for the teaching staff to take photos of my child, _____, and post those photos (please check all that apply):

- ☐ in the classroom
- ☐ on Facebook
- ☐ on our website
- ☐ in our open house slide show presentation
- ☐ for charity Christmas shoeboxes (group photo in a card)
- ☐ in our printed and bound class yearbooks (to be printed and distributed to classmates only)

 Parent/Guardian's Signature

 Date

Privacy Policy

The information you provide on this registration form will be made available to the teaching staff and Les Bouts d'Choux Board of Directors. We also publish an updated copy of the class list for each class including your child's name and home phone number as well and your first name(s) and your email address. Parents find this class list helps them learn each other's names and to get together socially, as well as help find a replacement if they are unable to attend their duty day. If you consent to participating in the class list, **please initial in the box below.**

Please publish my family's contact information on the Class Phone List