DAVID THOMPSON PLAYSCHOOL

Box 652
Condor, Alberta
T0M 0P0

(403)797-3044
dtplayschool@hotmail.com

Registration Form & $50 fee must be submitted prior to starting class.

Student Name						
Class Selection	Monday		Tuesday		Wednesday	
	AM		AM		AM	
	PM		PM		PM	
Start Date						
Registration Fee (E-transfer Reference #)						
Payment Type (Please Circle)	Annual		Per Semester			
Volunteer Bond (Please Circle)	Cheque		E-transfer			
If you are paying the volunteer bond by e-transfer, please provide the following details:						
Volunteer Bond (E-transfer Reference #)						
Bond Refund E-transfer Email						
Password Required (Please Circle)	Yes		No			
If "Yes," please specify the password required.						

Monthly Payments are available by request only
Please email: dtplayschool@hotmail.com to speak with a board member.

To be completed by board member and returned to family

Family Payment Checklist	
☐ Registration Fee $50	
☐ Volunteer Bond $300	
☐ **Annual Payment Amounts:**	
Due August 31st, 2026	
1 Day a week	$90.00
2 Days a week	$270.00
3 Days a week	$450.00
☐ **Per Semester Payment Amounts:**	
September – December	
Due September 1st, 2026	
1 Day a week	$40.00
2 Days a week	$120.00
3 Days a week	$200.00
January - May	
Due January 1st, 2027	
1 Day a week	$50.00
2 Days a week	$150.00
3 Days a week	$250.00

All payments can be submitted to:
dtplayschool@hotmail.com
Please write the student's name and reason for payment in the message.

If your child will be absent for a month or more, please email the board in advance to have fees waived. Notice must be given before the absence.

If you plan to withdraw from playschool, you must email the board in advance to request a refund. Days missed before notice is given will not be reimbursed.

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CHILD'S INFORMATION

Child's Full Legal Name:	
Child's Preferred Name:	
Alberta Health Care #:	
Date of Birth:	
Child's Home Phone Number:	
Child's Mailing Address:	
Child's Physical Address:	*blue sign # or LSD
Gender of Child:	**Male** **Female**
Immunization/Vaccinations up to date ***Please circle and Sign****	**YES / NO** **PARENT'S SIGNATURE:**
Allergies? If so, please list.	
Any medical problems of which we should be aware?	
Any information related to discipline, child's communication, comfort, habits:	

PARENT OR GUARDIAN INFORMATION

Father's Full Legal Name:		
Father's Preferred Name:		
Father's Phone Number:	Home:	Cell:
Father's Email Address:		
Father's Mailing Address:		
Father's Physical Address:	*blue sign # or LSD	
Father's occupation & place of employment:		Phone:

Mother's Full Legal Name:		
Mother's Preferred Name:		
Mother's Phone Number:	Home:	Cell:
Mother's Email Address:		
Mother's Mailing Address:		
Mother's Physical Address:	*blue sign # or LSD	
Mother's occupation & place of employment:		Phone:

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FAMILY INFORMATION

Siblings:

Name:	**Age:**

People who are **UNAUTHORIZED** to pick up the child**:**

_____

_____

AUTHORIZED EMERGENCY CONTACTS: **(Minimum of ONE that is not a parent or legal guardian)**

Name: _____ **Name:** _____

Phone: _____ **Phone:** _____

Cell (if applicable): _____ **Cell** (if applicable): _____

Playschool Staff may administer First Aid in case of an emergency. YES NO

_____

PARENT'S SIGNATURE

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Health Policy

A child will be excluded from the program if they are not well enough to participate in the regular activities of the program; the illness requires greater care from the child care staff than can be provided without compromising the care of the other children in the program; the child is vomiting, has a fever, diarrhea or a new unexplained rash or cough; or displays any other illness or symptom the staff member knows or believes may indicate that a child poses a health risk to other children, caregivers or staff.

The program will assess if a child is ill by visual assessment; has the child vomited or had diarrhea or staff can see a new unexplained rash or the coloration of the child's skin looks pale. If visual assessment staff may believe that child is ill, staff can take the child's temperature to see if they are feverish. If the staff member knows or has reason to believe a child is exhibiting the signs or symptoms of illness, the teacher will contact the parent and arrange for the immediate removal of the child from the program's premises. If a child has been removed from the program because they are ill, the child may not return until they are symptom free for at least 24 hours.

An Illness report form, which includes the name of the child; date the child was observed to be ill; name of staff member who identified the child was ill; time the parent was initially contacted; name of staff person who contacted the parent; time the child was removed from the program and the date the child returned to the program, will be filled out if a child becomes ill when on the program premises.

David Thompson Playschool will proceed to contact the emergency contact persons on the child's registration form to arrange for immediate removal of the child from the program's premises if the parent fails to do so after they were notified.

The following lists some of the most common illnesses and provides guidelines for when the child **may return to school.**

- ☹ **Fever –** Temperature should be normal for 24 hours without acetaminophen for all children. (Temperature should not be above 99 oral, 100 rectal, or 98 auxiliary).
- ☹ **Vomiting -** Must not vomit within the 24 hour period prior to returning.
- ☹ **Persistent Cough –** A child with a persistent cough accompanied by either a running nose or fever must be excluded from playschool. (A persistent cough is defined by a regular cough that is continuous and does not improve with a simple drink of water or rest).
- ☹ **Purulent Conjunctivitis** (Pink Eye) – The child may return when the affected eye is treated and no longer discharging and after a minimum of 24 hours of antibiotic treatment.
- ☹ **Strep Throat –** Children diagnosed with Strep Throat may return to school once they have no fever and after a minimum of 24 hours of antibiotic treatment.
- ☹ **Ear Infection –** Children may return after treatment is initiated and they are pain free and without fever.
- ☹ **Chicken Pox -** The child may return when all lesions are completely crusted over, usually 10 – 14 days
- ☹ **Impetigo -** Child may return after at least 24 hours of antibiotic treatment.
- ☹ **Parasites/Scabies -** Child may return once treatment is completed.
- ☹ **Head Lice -** Child may return after the first treatment. Personal clothing and toys must be removed and laundered as recommended.
- ☹ **Pinworms -** After treatment and cleared by a Physician.
- ☹ **Cold Sore -** Child may return when the sore is healed.
- ☹ **Rashes –** If the rash occurs with fever or other symptoms of illness, a physician must determine the rash to be non-communicable before the child can return to playschool. The child needs to be excluded until the rash is resolved.
- ☹ **COVID 19** -If your child has any symptoms of Covid such as fever, cough, shortness of breath, sore throat, chills, painful swallowing, runny nose/congestion, feeling unwell, fatigue, nausea, loss of appetite/smell/taste, headache etc. please DO NOT bring them to school during that time.

PARENT'S SIGNATURE:_____ **Date:**_____

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Child Guidance Policy

Our goal at David Thompson Playschool is to help children grow as individuals. Our teacher will provide guidance to support our children in positive, supportive, and age-appropriate ways. Positive behaviours are encouraged and reinforced daily in our program. The guidance needed may differ from child to child based on behavior, developmental abilities, and child's age.

At David Thompson Playschool, we believe that positive and supportive guidance will assist children to learn to self-regulate and find appropriate ways to express their wants, needs and feelings.

The following child guidance techniques will be used to provide an enriching, safe and educational environment for the children attending our program.

Prevention Techniques

1. Establish clear, consistent, and simple limits.
    -Give easy to understand explanations for limits.
    -Say limits in a positive way rather than a negative way.
2. Focus on the behaviour and not the child.
    -Give positive guidance for learning, making sure not to be critical of the child's character which could produce feelings of guilt, shame, or lower self-esteem.
3. Provide choices.
    -Providing choices can help promote a child's independence while avoiding a power struggle.
4. Saying what is expected, rather than asking.
    -Helps establish limits and expectations.
5. Give children enough time to respond to expectations
    -Children respond better when they have time and notification to prepare for change.
6. Reinforce appropriate behaviours with both words and gestures.
    -Acknowledging appropriate behaviours and providing positive reinforcement will help children build confidence and encourage repeat behaviours.
7. Proximity
    -It may be necessary to stay close by when younger children or kids of different developmental abilities are still learning to play together.

Intervention Techniques

1. Respectfully get child's attention.
    -Speaking to a child at eye level, in a soft, kind voice will let the child know they are safe and cared for.
2. Making sure facial expression and body language support the words you are using.
3. Acknowledge feelings before setting limits.
    -Recognizing a child's feelings will make the child feel supported and understood and will be able to see guidance in a more positive way.
4. Redirection
    -Changing the situation that is contributing to the inappropriate behavior. This can be an effective strategy for children of a younger age. Offering a substitution or engaging a child in a new activity may resolve the problem or conflict. As children mature offering problem solving methods to help increase their problem-solving skills.
5. Model problem solving behaviour
    -It is natural for a child to react and become upset in certain situations. Guidance can be used to offer verbal or physical ways to model problem solving approaches. Acknowledging the problem, asking guiding questions and potentially demonstrating a solution are ways to help children enhance their problem-solving skills.

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6. Natural and logical consequences
   - explaining the consequences or outcome of a behavior or action will help a child understand the problem and solution.
7. Offering appropriate choices
   -Offering simple choices to clarify expectations and reinforcing limits. Choices should be said in a positive and supportive way.
8. Limit the use of toys or equipment.
   -Sometimes it is necessary to set firmer limits or remove a play item if other techniques and strategies have been unsuccessful. This strategy should be used sparingly.

A variety of strategies and approaches will be used to provide positive guidance to promote acceptable behaviors within the David Thompson play school program. The more options for guidance we have to choose from the more successful we will be at promoting an enriched safe and educational environment to help the children grow as individuals.

Our parents/guardians are required to read and sign our guidance policy upon registration of students.

PARENT'S SIGNATURE:_____ **Date:**_____

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Freedom of Information and Protection of Privacy (FOIP) Consent Form

Under the Freedom of Information and Protection of Privacy (FOIP) Act, the use of personal information of our students in activities conducted by the playschool requires the consent of parents/guardians. Below is a list of activities that we consider a part of normal school community interaction:

- Taking of individual and class photos for the classroom
- Student names, photographs and write-ups that are included in the memory books
- Student names that are used for birthday recognition purposes
- Media photographs or videos of classroom activities, where individuals cannot be identified
- Student names that are used on artwork, written material or other items displayed in the classroom or at school sponsored displays in the community
- Providing personal information to health authorities for the provision of public health services and communicable disease control
- Other similar activities within the school community

I have read the Notice of Activities and hereby consent to the collecting, use and disclosure of the information listed there on behalf of my child/ward.

Student's Name:_____ Date:_____
Parent/Guardian Name:_____ Signature:_____

Further to the "normal" activities listed above, there may be instances where the playschool and our students are featured in local media i.e. newspaper articles or advertisements for the playschool. This may involve either photographs or videos taken by the teacher or by the media or any other organization where individual students are identified or instances where students are interviewed where the material will be used outside of the school.

Please sign below if you give consent for the collection, use and disclosure of the information for purposes outlined in the paragraph above on behalf of your child/ward.

Parent/Guardian Signature: _____

PLEASE SELECT YOUR CONSENT PREFERENCE

☐ I CONSENT to my child's: name, birthdate, parent's name, and contact information being added to the **Child Care Accountability Program** with the Government of Alberta. By consenting to the Child Care Accountability Program my child will receive a Child Care Participant Number and be able to receive Affordability Grant Funding.

Signature: _____ Date: _____

☐ I DO NOT CONSENT to the **Child Care Accountability Program** and as such I understand that my child's full monthly fees are my responsibility. I also understand that David Thompson Playschool as a licenced childcare provider is obligated to provide the Government of Alberta licencing officer with my child's basic information should it be requested.

Signature: _____ Date: _____

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Portable Emergency Information Record

(All blanks must be filled in)

Child's Full Legal Name: _____

Alberta Health Care Number: _____

Date of Birth: _____

Child's Physical Address: _____

Child's Mailing Address: _____

Child's Home Phone Number: _____

Father's Name: _____

Father's Physical Address: _____

Father's Mailing Address: _____

Work Phone: _____ Cell (if applicable):_____

Mother's Name:_____

Mother's Physical Address: _____

Mother's Mailing Address: _____

Work Phone: _____ Cell (if applicable):_____

Authorized Emergency Contacts: **(Minimum of ONE who is not a parent or guardian)**

1)Name:_____

Phone: _____ Cell (if applicable):_____

2)Name:_____

Phone: _____ Cell (if applicable):_____

Health Information:

Child's Immunizations up-to-date Yes_____ No_____

Allergies: _____

Medications: _____

Instructions: _____

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Permission Form for Walking Trips

Child's Name: _____

I herby give permission for my child to participate in walking trips in the neighbourhood around our center. I understand that the walking route is within the center's neighbourhood, includes no known safely hazards, and that the walks will not involve entrance to any facilities.

Signature of Parent/Guardian: _____

Date: _____