

Child's Legal Name:		Date of Birth (dd/mm/yy):		Male: <input type="checkbox"/> Female: <input type="checkbox"/>		Preferred Name:	
Address:							
City:				Postal Code:			
Parent/Guardian #1:				Email:			
Address:							
City:				Postal Code:			
Home Phone:		Cell Phone:			Work Phone:		
Parent/Guardian #2:				Email:			
Address:							
City:				Postal Code:			
Home Phone:		Cell Phone:			Work Phone:		

<p style="text-align:center;">Preschool 3 Years Old</p> <p>Tuesdays and Thursdays</p> <p>Morning Class <input type="checkbox"/> 8:45am – 11:15am</p> <p>Middle Class <input type="checkbox"/> 10:45am – 1:15pm</p> <p>Afternoon Class <input type="checkbox"/> 12:45pm – 3:15pm</p>	<p style="text-align:center;">Jr Kindergarten 4 Years Old</p> <p>Mondays, Wednesdays, and Fridays</p> <p>Morning Class <input type="checkbox"/> 8:45am – 11:45am</p> <p>Middle Class <input type="checkbox"/> 10:45am – 1:45pm</p> <p>Afternoon Class <input type="checkbox"/> 12:45pm – 3:45pm</p>
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Program Policies

- 1) Infinite Learners Preschool has the right to cancel classes as necessary
- 2) Infinite Creations is closed on all Statutory Holidays
- 3) Infinite Creations has the right to suspend or refuse service to anyone who does not follow the program policies (as outlined in the Infinite Learners Preschool policy handbook).
- 4) Infinite Creations is not responsible or liable for any items that are lost or stolen.
- 5) All Withdrawals must be given in writing, no later than the 15th day of the month. Due to processing time, any withdrawals given past the 15th will forfeit their next month's payment. Partial monthly tuition will not be reimbursed.
- 6) Missed classes are non-refundable.
- 7) By signing this registration form, you also provide your consent to receive email updates about the Infinite Learners Preschool program in which your child is registered. Emails may be cancelled by emailing learners@infinitecreationscalgary.com.

Tuition Policies

- 1) Payment must be received prior to the commencement of classes.
- 2) Registration Fee (\$60/student) is non-refundable and due at time of registration
- 3) Material Fees (\$100/student) are due at time of initial registration once classes begin 50% is nonrefundable and after the Christmas break the other 50% is nonrefundable.
- 4) Deposit of one month's tuition (to be used as last month of June \$180/3year, \$250/4year) is nonrefundable if withdrawal notice is given after August 15th, 2019 and is due at time of registration
- 5) Deposit, Registration and Material fees must be paid to secure space in program
- 6) Payment may be done monthly (VOID cheque PAD Agreement), for full year (debit, bank draft, credit card, cheque or cash), or three postdated cheques (September 1st, 2019 (4yr/\$1000, 3yr/\$720), January 2nd 2020 (4yr/\$750, 3yr/\$540), and April 1st 2020 (4yr/\$500, 3yr/\$360).
- 7) All returned cheques are subject to a \$25.00 service charge. Any late payments are subject to a \$20.00 late fee after 30 days of their due date
- 8) Late pickups from program will be charged \$5.00/5 minutes, and any portion thereof
- 9) All withdrawal notices must be given in writing no later than the 15th of the month. Due to processing time, any withdrawals given past the 15th will forfeit your next month's payment.
- 10) By signing this form, I agree to all tuition policies

Infinite Creations Rep:				Parent/Guardian Signature:			
Date:				Date:			
How Did You Hear About Us: <input type="checkbox"/> Street Sign <input type="checkbox"/> Social Media <input type="checkbox"/> Friend Referral <input type="checkbox"/> Community Paper <input type="checkbox"/> Other:							
Date of Reg:	Material Fee:	Deposit:	Reg Fee:	Date Paid	Method:	Tuition Details:	Notes:



**Infinite Creations Inc. Infinite Learners Preschool Program
Parental Waiver and Consent Form:**

PLEASE READ AND SIGN BELOW

REGISTRATION IS INCOMPLETE WITHOUT SIGNATURE AND MUST BE COMPLETED BEFORE CLASS

I, the undersigned, as the parent or legal guardian of _____ do hereby give my full consent and approval for my child to participate in activities performed in Infinite Creations Inc. facilities, associated playgrounds and off-site field trips.

I understand and agree that there are certain risks of damages and injuries inherent in the participation of my child in these activities and I hereby accept these risks on behalf of my child.

I understand that it is my child's responsibility to abide by the rules and regulations imposed on the children by the teacher and/or the teacher's aide for the safe conduct of activities in the gym and on the playground. I hereby, for myself and on behalf of my child, agree to be bound by the rules contained in the registration form.

I hereby, for myself and on behalf of my child, agree to save and hold harmless and fully indemnify the Infinite Creations Inc., its owners, agents, volunteers, assistants, employees, guest instructors and/or students from any and all liability for any personal injury or injury to any third party child resulting from my child's participation in the above mentioned activities.

I hereby release Infinite Creations Inc., its owners, agents, employees and its entire staff from any and all liability for any injuries that my child may sustain as a result of any activities that take place in Infinite Creations Inc. facilities, associated playgrounds and off-site field trips for each of the sessional terms from September 2019 – June 2020.

Permission is granted to Infinite Creations Inc. for use of photographs of students for publicity purposes (open houses, student portfolios, ads, etc.).

I hereby give consent for the staff of Infinite Creations Inc. to perform First Aid for my child in the event of an emergency. I also authorize Infinite Creations Inc., its owners, agents, employees and faculty to seek medical service in case of serious injury or illness to my child if I am unable to be contacted. I further agree to accept financial responsibility for costs that may be charged for or levied in association with the medical services provided my child and will indemnify and save harmless Infinite Creations Inc. its owners, employees and staff from such costs.

Infinite Creations Inc. shall not be held responsible for any loss or theft of any personal possessions whatsoever. I certify that I am the parent or legal guardian of my child and have the right to waive these rights.

Having read the above, I understand, accept and agree to be bound by the above statement (please print your name, sign & date):

SIGNATURE: _____
Parent / Legal Guardian

DATED: _____



Portable Emergency Record

It is your responsibility to notify Infinite Creations Inc. of any changes or updates to the information disclosed on this form. Please note as required by child care licensing all spaces must be filled out.

Student's Name:		Date of birth:	Male ___ Female ___
Address:			
City:		Postal Code:	
Medical Conditions/Allergies:			
Parent / Guardian:		Email address:	
Address:			
City:		Postal Code:	
Home Phone:	Cell Phone:	Work Phone:	
Occupation:		Employer:	
Work Address:			
Parent/Guardian:		Email address:	
Address:			
City:		Postal Code:	
Home Phone:	Cell Phone:	Work Phone:	
Occupation:		Employer:	
Work Address:			
Emergency Response Service: Police, Fire, EMS		9-1-1	
Poison Control		403-944-1414	

Alternative Emergency Contacts

Contacts must be someone other than parent/guardian and live within Calgary or it's close surrounding area. Alternative contacts will only be contacted if both Parent/Guardian contacts cannot be immediately reached.

Full Name:		Relationship to Child:
Home Phone:	Alternative Phone:	
Address:		
Full Name:		Relationship to Child:
Home Phone:	Alternative Phone:	
Address:		


Infinite Learners
Medical Information

Child's Full Name:	Date of Birth: (dd/mm/yy)
Physician:	Phone:

Please check one of the following:

- My child has been immunized, and the immunizations are up-to-date
- My child has not been immunized
- We have chosen alternative immunization

Has your child ever had any of the following, and if so, please specify the date when the illness occurred, or was diagnosed:

Illness	Date of Illness/Diagnosis
Measles (red and confirmed)	
Rubella (German Measles)	
Chicken Pox	
Mumps	
Whooping Cough	
Convulsions or Seizures	
Eczema (Skin Condition)	
Diabetes	
Celiac Disease	
Hemophilia	

Please note if your child needs medication, a separate form must be filled out

Does your child have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain:
Does your child have any medical conditions that we should be aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain:
Do you have any concerns about your child's hearing or speech development? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain:
Do you have any concerns about your child's development? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain:
Will your child be attending Preschool with an AID: <input type="checkbox"/> Yes <input type="checkbox"/> No What agency do you plan to use?

I understand that my child is attending a program where he/she may be in contact with other persons who may unknowingly be carrying a communicable disease. I do not hold Infinite Creations Inc. liable for exposure to any such disease during my child's attendance within the program.



Permission to Pick Up

The staff at Infinite Learners Preschool take your child's safety very seriously. To ensure we are providing the highest standard of care and safety practices, we require parents to fill out this list of the names of all persons who are permitted to pick up their child. If at any time, someone will be picking up your child who is not on this list, we require a written note from the parent authorizing that individual to take the child from the premises of our program. In rare emergency situations, arrangements may be verbally accepted and this is up to the discretion of the acting director. If any person picking up a child from our program is unknown to the staff, they will be required to show photo I.D. to ensure that their name and information matches what we have on this form, or on a written document submitted by the child's parent/guardian.

Please note that if an unauthorized person comes to pick up a child, the child will remain in the care of the staff at Infinite Creations, until the situation can be resolved. In rare or difficult circumstances, police may be called to ensure the child's safety.

Name of Authorized Person	Relationship	When is this person authorized for pick up

I, _____ (name of parent/guardian), authorize the people listed in the above chart, to pick up my child as stated. I also understand and accept the procedure(s) regarding this policy as outlined on this page.

In signing I consent and agree to all medical and pick up forms.

Parent/Guardian Signature	Date
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