

Preschool for Active Living (PAL)

2018–2019 Registration Package



CONTACT

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1. CHILD'S INFORMATION

Name: _____ Date of Birth: _____
Address: _____ Postal Code: _____
Home Phone: _____ Best Email Address for PAL info: _____
Primary Language at Home: _____ Other Languages Spoken: _____

2. PRESCHOOL CLASS INFORMATION

- 3 year olds, MORNINGS: Tuesday/Thursday, 9:00am – 11:30am
- 4 year olds, MORNINGS: Monday/Wednesday/Friday, 9:00am – 11:30am

Are there any specific children you would like your child be with in class?

3. CLASS COSTS (PRICES/MONTH) – FEE INCLUDES SWIM LESSONS

3 Year Old MORNING Program (2 days/week)

\$185.00* Members
\$205.00* Non-Members

Tuesday/Thursday
9:00am – 11:30am

**A \$20 premium fee will be added per month until the child turns 3.*

4 Year Old MORNING Program (3 days/week)

\$220.00 Members
\$245.00 Non-Members

Monday/Wednesday/Friday
9:00am – 11:30am

Registration Fee (applicable for all classes): \$100 (non-refundable)

**The discounted Members rate is only applicable for a child that currently holds an active Annual Child Membership (monthly and 10 card memberships do not apply) and/or the child being registered has a parent/legal guardian that holds an active Family Annual Membership.*

4. ABOUT YOUR CHILD

What do you hope is included in the PAL program?

What activities does your Child enjoy?

Does your Child have any challenges with any of the following?

- Vision Please explain: _____
- Hearing Please explain: _____
- Speech Please explain: _____

Do you have any concerns with your Child's development?

Are there any special needs (emotional, physical, social or medical) that the school should know about?

If there are any allergies, special needs or medical concerns, we will contact you to arrange a meeting prior to the first day of school.

5. MEDICAL INFORMATION

Alberta Health Care #: _____

Doctor's Name: _____ Doctor's Phone: _____

Doctor's Address: _____

Are your Child's immunizations up to date? Yes No

If not, please indicate the reason:

Does your Child have any allergies? Yes No

If yes, you will be given a care plan. Please indicate the allergies, reactions and medications below:

Allergy

Reaction

Medication

Please describe any other serious medical conditions your Child may have:

Is your Child on any medications which should be taken on a regular basis? Yes No

If yes, please indicate the medications:

Do you have a hospital you would prefer if an emergency occurred?

6. PARENT/GUARDIAN CONTACT INFORMATION

Name: _____

Daytime Phone: _____

Cell Phone: _____

Address: _____

Name: _____

Daytime Phone: _____

Cell Phone: _____

Address: _____

Are there any visitation/custody arrangements? Yes No

If yes, please provide details:

NANNY/BABYSITTER CONTACT (IF APPLICABLE)

Name: _____

Daytime Phone: _____

Cell Phone: _____

Address: _____

EMERGENCY CONTACT

In the event of an emergency and the parents are not available, who should we contact?

Name: _____

Daytime Phone: _____

Cell Phone: _____

Address: _____

How do they know your Child? _____

PICK UP INFORMATION

Name: _____

Daytime Phone: _____

Cell Phone: _____

Address: _____

How do they know your Child? _____

7. FIRST AID TREATMENT

I hereby authorize Repsol Sport Centre staff who are trained in the basics of First Aid and CPR, to perform First Aid when appropriate:

Name (Printed): _____ Signature: _____ Date: _____

8. IMAGE RELEASE

During Preschool for Active Living, film and photos may be taken for media or marketing purposes. If you are willing to have your Child participate in the filming of shows (e.g. the Big Breakfast) and be photographed during the class (eg. for brochure/web photos), please sign the image release below.

I _____ grant my child(ren), _____

permission to participate in media coverage and photographs of Preschool for Active Living at Repsol Sport Centre. I hereby grant Repsol Sport Centre the right and permission to publish moving composite

reproductions for the purpose of, without limitation, television, publications, and any trade or advertising purposes. Accordingly, I release and discharge the company from any liability by virtue of blurring, distortion, alteration, optical illusion or use in composite form that may occur or be produced in taking of said picture(s) or any processing through completion of the finished product.

Name (Printed): _____ Signature: _____ Date: _____

9. PRIVACY POLICY

HEALTH CARE

- ▶ Our Preschool Teachers at Preschool for Active Living and Child Care Attendants will all be trained in First Aid and CPR.
- ▶ From time to time, children may require First Aid assistance.
- ▶ At the time of registration, parents will be requested to give written consent to have our staff perform First Aid.
- ▶ Staff will not perform any medical care that is outside their scope of training.

SICK POLICY

- ▶ If a child becomes sick while at Preschool for Active Living and or Child Care, the child will be kept as far away as possible from the other children.
- ▶ If appropriate, the sick child will be kept on the Circle Time mat, while the other children are directed to play elsewhere.
- ▶ The sick child will be attended by a Preschool Teacher or Child Care Attendant at all times.
- ▶ Parents will be contacted immediately and requested to pick up their ill child.

COMMUNICABLE DISEASES POLICY

- ▶ Communicable diseases can spread very quickly in spaces where groups of preschool aged children are present.
- ▶ If a staff member has reason to believe that a child may be suffering from a communicable disease, Preschool for Active Living staff will ensure that the child's parent removes the child from the program immediately.
- ▶ As listed in the Public Health Act, Schedule 1, these diseases include:
<http://www.albertahealthservices.ca/services.asp?pid=service&rid=4116>
- ▶ Please refer to the above link to see the updated list.

DISCIPLINE POLICY

- ▶ It is important that all parents, children and staff be well informed of our Discipline Policy.
- ▶ Parents will be made aware through the distribution of our Parent Handbook at the time of registration.
- ▶ Any questions or concerns may be brought to the attention of a Preschool Teacher or the Preschool Team Leader or Manager at any time.
- ▶ Children will learn acceptable behaviors through discussions and demonstrations with Preschool Teachers. They will also be educated on a case by case basis with adult guidance.
- ▶ Staff will be educated upon joining the Preschool Team/Child Care Team. All staff will attend an In-Service and will review the Child Discipline Policy and the Preschool/Child Care Staff Manual at this time.

Realistic limits are set to protect a child's safety and orderliness of the learning environment. Behaviors that are not acceptable will be dealt with consistently. Limits will promote self-confidence and self-control. Each child is an individual and has individual needs. Each child must understand what the limits are. Unacceptable behaviors will be dealt with as follows:

1. Explain why the behavior is not acceptable and what the child has done.
 2. Give children the words to use with each other instead of using physical action.
 3. Point out to children what emotions there are as a result of the conflict.
 4. Teachers will watch to make sure children are following through with guidance procedures and give praise when hearing them.
 5. If children are unable to follow instructions, it may be necessary to redirect children to a different activity.
 6. A brief time away from children and activity will help the child refocus.
- ▶ Any child disciplinary action taken must be reasonable in the circumstances.
 - ▶ Physical punishment, verbal or physical degradation or emotional deprivation is not permitted.
 - ▶ Preschool for Active Living teachers/ Child Care will not deny or threaten to deny any basic necessity.
 - ▶ Preschool for Active Living teachers/Child Care will not use or permit the use of any form of physical restraint, confinement or isolation.

MEDICATION ADMINISTRATION

- ▶ At times it may be necessary for Preschool Teachers at Preschool for Active Living and Child Care to administer medications.
- ▶ This will be permitted with the following guidelines:
 1. The written consent of the child's parent has been obtained
 2. The medication is in the original labeled container
 3. The medication is administered according to the labeled directions
- ▶ Medication must be stored in a locked container that is inaccessible to children.
- ▶ Medication that is used only in case of emergency must meet all of the above criteria. It must also be stored out of reach of children.
- ▶ Prior to medication being administered, the attached Medication Release Form must be completed by the parent.

If medication is ultimately administered, the attached Medication Release Form must be completed and initialed by the administering staff member. This includes the name of the medication, the time of administration, the amount administered and the initials of the person who administered the medication.

OFFSITE ACTIVITY

I, _____ (parent/guardian) of _____ (child) acknowledge that I am aware that my child is going offsite from Repsol Sport Centre premises. This activity will consist of any combination of the following: a walk around the adjacent park, going to the playground in the adjacent park, or going to the green space adjacent to Repsol Sport Centre. I grant/ refuse consent for _____ (child) to participate in this activity on between September 2018 and June 2019. I am fully aware that by refusing consent my child will remain on Repsol Sport Centre premises and not participate in the planned offsite activity.

Signature: _____ Date: _____

10. TOILETING & CHANGING OF CLOTHES POLICY

Is your child toilet trained? Yes No, if no when do you think they will be? _____

STAFF REQUIREMENTS TO DIAPER OR TOILET – CHILD CARE

- ▶ All Child Care staff must have their Police Check inclusive of the Vulnerable Sector Search completed and in place before they can toilet/diaper a child.
- ▶ Any staff that does not have a Police Check with Vulnerable Sector Search in Child Care also cannot be alone with a child.

STAFF REQUIREMENTS TO DIAPER OR TOILET – PAL

- ▶ All PAL staff must have both their Police Check inclusive of the Vulnerable Sector Search completed and in place AND the Ministry Early Education Designation in place before diapering or toileting a child.
- ▶ Any PAL staff member who does not have both of the requirements also cannot be alone with a child.

OTHER

- ▶ Staff in both Child Care and PAL must complete an Intervention Record Check within the first three months of employment.

DIAPERING/PULL-UPS FOR ALL CHILDREN

As the diapering of infants and the toileting of toddlers involves close adult-child contact, the staff will (whenever possible) be responsible for changing diapers when the child has had a bowel movement. If the child only has a wet diaper or pull-up, the parent is responsible for changing.

STAFF IN PRESCHOOL FOR ACTIVE LIVING AND CHILD CARE WILL:

- ▶ Follow Ministry of Health recommendations for diapering and toileting procedures posted in the washrooms.
- ▶ Record diaper changes and toileting activities on the diapering/toileting chart.
- ▶ Encourage the development of healthy personal habits by ensuring that children wash their hands after using the bathroom. If needed, the staff will assist the child to wash their hands to ensure they are meeting standards.
- ▶ Be respectful of the child's needs.
- ▶ Sanitize the changing station after each use.
- ▶ Wear gloves for every change.
- ▶ Use the Child Care washroom as all pull-up and diaper changes MUST happen in this location, where the Child Care change table is located. The door must remain open.

Consideration: None

Exceptions: If a child is wet and has leaked through their clothes an exception may be made, and documented.

TOILETING AND CHANGING OF CLOTHES

As the toileting of toddlers and children involves close adult-child contact, staff will not (whenever possible) be responsible for the changing of clothes, the wiping of a child's bum or any other area. Staff is not to change children's clothes if they are wet unless they are only handing clothes to the child and the child dresses and undresses themselves. If the child is unable to do this the parent will be called.

STAFF IN PRESCHOOL FOR ACTIVE LIVING AND CHILD CARE WILL:

- ▶ Take the child to the bathroom.
Preschool is to use the Public washrooms when in Multi-Sport 1 or the Preschool washroom when in the classroom.
- ▶ Not go in the stall with the child.
- ▶ Will give all necessary prompts required for the child to be successful in undressing themselves.
If the child needs an adult to assist in the public washrooms, then the assistance must be given just outside the stall in public view.
If the child needs an adult to assist in the PAL classroom, the staff must use the Child Care washroom with the door open.
Child Care staff should not be undressing any child unless they have another staff member present, and the door must remain open.
- ▶ Follow Ministry of Health recommendations for diapering and toileting procedures posted in the washrooms.
- ▶ Record pull-up/underwear/ clothes changes and toileting activities on the diapering/toileting chart if they have given direct assistance.
- ▶ Wear gloves at all times when they are providing direct assistance. This includes doing up snaps, zippers etc.

Consideration: None

Exceptions: If a child is wet and has leaked through their clothes an exception may be made, and documented.

There will also be an exception when PAL Children have their swimming lessons. PAL Staff will assist children with dressing, but there must be at least 2 adults present. Staff will only provide help if the child cannot dress themselves.

There will also be an exception if a child has an accident, which is defined as a child who is potty trained who does not make it to the toilet, and soils their clothing to the point they need changing. An accident also defined as a child who feels ill and does not make it to the washroom, and throws up on themselves requiring changing.

I, _____, guardian/parent of _____
have read the above policy/procedures and give permission for my child (named above) to be diapered/
toileted or changed accordingly. DATE: _____

Please note failure to sign this document will result in the guardian/parent being called back to change their child.

11. REFUNDS/CANCELLATION POLICIES

CANCELLATION POLICY

30 days notice must be provided to terminate this contract. A full month's payment will be collected for any months which your child even partially participates if insufficient notice is given.

ACKNOWLEDGEMENT

I, _____ (parent/guardian) of _____ (child) acknowledge that I have read all attached policies related to Preschool For Active Living (PAL).

Signature: _____ Date: _____

12. PAYMENT METHOD

Child's Name: _____

Child's Bar Code (office use only): _____

Course Code (office use only): _____

3 Year Old MORNING Program (2 days/week)

\$185.00* Members

\$205.00* Non-Members

Tuesday/Thursday

9:00am – 11:30am

*A \$20 premium fee will be added per month until the child turns 3.

**Registration Fee (applicable for all classes):
\$100 (non-refundable)**

**The discounted Members rate is only applicable for a child that currently holds an active Annual Child Membership (monthly and 10 card memberships do not apply) and/or the child being registered has a parent/legal guardian that holds an active Family Annual Membership.*

4 Year Old MORNING Program (3 days/week)

\$220.00 Members

\$245.00 Non-Members

Monday/Wednesday/Friday

9:00am – 11:30am

PAYMENT OPTIONS – Please choose one and fill out necessary information.

Monthly Payment

Amount: \$_____ (GST included)

Date Payment Commences: September 1, 2018

Date of Final Payment: June 1, 2019

Payable By: VISA
 Mastercard
 Amex
 Automatic Bank Withdrawal

Cardholder Name: _____

Credit Card #: _____

Expiry Date: _____

Signature: _____

The above signed hereby authorizes Repsol Sport Centre to charge my credit card account for the monthly payments specified above.

Full Payment

Amount: \$_____ (GST included) Total Initial Payment: \$_____

Payable By: VISA
 Mastercard
 Amex
 Automatic Bank Withdrawal

Cardholder Name: _____

Credit Card #: _____

Expiry Date: _____

Signature: _____

The above signed hereby authorizes Repsol Sport Centre to charge my credit card account for the monthly payments specified above.