



HAMPTON FREE METHODIST PRESCHOOL
 2930 McClocklin Road
 Saskatoon, SK S7R 0A1
Phone: (306) 242-4500
Email: preschool.hfmc@sasktel.net
Website: hamptonfreemethodist.com/preschool

CRA #889089447RR0001

HAMPTON FREE METHODIST PRESCHOOL

2019/2020 Preschool Registration Form

HFM Preschool

- 4 year old class: Monday, Wednesday, Friday mornings: 9:15 – 11:30 AM & Afternoons: 12:45 – 3:00 PM
 - 3 year old class: Tuesday, Thursday mornings: 9:15 – 11:30 AM
- (Children must be 3 years old by September 1, 2019 to attend the 3 year old class and must be fully toilet trained)**

PRESCHOOL FEES

Registration Fee: \$30.00 (Non-refundable. Please bring exact change, if possible. Cheques are also accepted.)
 Monday, Wednesday, Friday morning and/or afternoon classes: **\$130** per month **Date:** _____
 Tuesday, Thursday morning classes: **\$110** per month

Please make cheques payable to Hampton Free Methodist Church. Registration Fees are non-refundable. Registration is on a first come, first served basis with forms and payments. *All children must be completely toilet trained.

Child's Name: _____
 Birthdate: _____ Age (as of September 1, 2019): _____ Gender: _____
 Address: _____ City: _____ Postal Code: _____
 Home Phone #: _____ Email: _____

PARENT/GUARDIAN

Name: _____
 Work Phone #: _____
 Cell Phone #: _____

PARENT/GUARDIAN

Name: _____
 Work Phone #: _____
 Cell Phone #: _____

Would either parental workplace be suitable for a field trip? YES NO

EMERGENCY CONTACTS:

These will be the people who are allowed to pick up your child or who will be called if a Parent/Guardian cannot be reached in an emergency. **These contacts MUST be different than Parents/Guardians.**

I _____ (parent/guardian) give permission to the following individuals to act as parent designates to pick up my child/children from Hampton Free Methodist Preschool Program. I have informed these individuals that they **must present government issued photo ID each time they come to pick up my child/children.** I understand that in case of an emergency, I will be the first one called. However, *I also give my permission to HFMC Preschool to contact the following individuals AFTER contact has failed* with parent designates on the front page of this registration forms.

Your children will not be allowed to leave the school with anyone not listed below. You can remove or add people to this list at any time.

First & Last Name	Relationship to Child	Home Phone #	Cell/Other #
-------------------	-----------------------	--------------	--------------

First & Last Name	Relationship to Child	Home Phone #	Cell/Other #
-------------------	-----------------------	--------------	--------------

First & Last Name	Relationship to Child	Home Phone #	Cell/Other #
-------------------	-----------------------	--------------	--------------

First & Last Name	Relationship to Child	Home Phone #	Cell/Other #
-------------------	-----------------------	--------------	--------------

Please Note: Everyone picking up children will be asked for government issued photo ID each time they are picking up the child.

CUSTODY & RELATED COURT ORDERS:

NOT APPLICABLE

If a custody or court order exists, a copy of the order must to be given to Hampton Free Methodist Preschool. The parent/guardian is responsible for providing accurate and up to date information concerning the legal guardianship of the child. Without a custody or court order on file, HFM Preschool cannot deny access to the non-enrolling parent. ***If the non-enrolling parent is not listed on the authorized pick-up list, but is able to produce government issued photo ID proving that they are a birth parent of the child, HFM Preschool cannot legally deny access without legal documentation (custody or court order) stating otherwise.***

Please list anyone who is NOT ALLOWED to pick up your child: _____

Name & Relationship to Child

I have provided Hampton Free Methodist Preschool with legal documentation (custody &/or related court order).

Signature & Name (printed)

Date

Medical Information:

Health Card #: _____ Family Doctor: _____

Phone Number: _____

Does your child have any of the following conditions? ADD ADHD FAS Autism

other disorders: _____

Does your child have any special needs that we should know about in order to provide a positive experience for him/her?

Allergies: Seasonal _____ Food _____ Insects _____ Other _____

Does your child carry: Epi-pen Inhaler Other _____?

Hampton Free Methodist Preschool Participants Waiver of Liability & Media Consent

Hampton Free Methodist Preschool takes the safety of all children registered in our preschool very seriously and will take every precaution it possibly can in order to ensure the safety of your child. The risk of sustaining injuries that result from the nature of the activities can occur without fault of the participant, HFM Preschool, its employees/volunteers or the facility where the activity is taking place. By choosing to take part and to register your child in the HFM Preschool, you are accepting risk that your child may be injured. The chance of an injury occurring can be reduced by carefully following instructions at all times while engaged in program activities and by providing your child with any necessary safety equipment such as proper shoes, clothing etc.

I, _____ **(Parent/Guardian)** of _____ **(Child)** consent to have my child receive services from Hampton Free Methodist Preschool and am registering my child voluntarily. The consent will remain in effect for the duration of the program. I understand and agree to receive the program services delivered as part of the Hampton Free Methodist Preschool that I have registered my child in. Programming activities such as recreation activities and outings (field trips) involve certain elements of risk. Injuries may occur while participating in these activities.

ACKNOWLEDGEMENT

The above named child has my permission to participate in preschool activities as planned by the Hampton Free Methodist Preschool that I have registered my child in. I waive my legal rights against Hampton Free Methodist Preschool for any loss, injury or damage suffered during or by reason of participating in **all events, programs and activities scheduled while my child is in the program**. I authorize the application of emergency medical attention and undertake to be responsible for any hospitalization, medical expense and ambulance expense that may be incurred.

Parent/Guardian Signature

Date

MEDIA RELEASE

I, _____ **(Parent/Guardian)** give permission for my child _____ to appear in photographs, video and/or audio that may be used in the promotional materials of Hampton Free Methodist Preschool. My child's image may be published or used in newspapers, promotional videos, television commercials, television news items, program brochures, poster, social media sites etc. or otherwise displayed to the public or used for other educational/fundraising purposes, either in whole or in part by Hampton Free Methodist Preschool, and/or external partners. **No names will ever be used in association with a child's image without written permission of the parent/guardian.**

By my signature as parent/guardian for _____ **(child)** I give permission to Hampton Free Methodist Preschool to use any image taken during preschool program time for any of the purposes as described above.

Parent/Guardian Name (printed) and Signature

Date

The Participants Waiver of Liability and Media Consent applies to the Hampton Free Methodist Preschool for the 2019/2020 school year.

GENERAL PAYMENT INFORMATION

Hampton Free Methodist Preschool will discuss your account only with the person/people listed below. The person/people listed below are responsible for payment of the account and will be issued with a receipt for payments received for services that were provided by Hampton Free Methodist Preschool. All receipts for income tax purposes, will be issued by February 28, 2020. Please note that receipts issued will only include payments that were made during 2019. Receipts for the 2020 school year will be mailed in February 2021.

Registration is on a first come, first served basis and classes fill quickly. Your registration will only be accepted if this form is complete and your registration fee has been submitted. The teacher will not accept payments. Registration fees and completed forms should be submitted to the office (address is on the first page of this form).

Parent(s)/Guardian(s) Name: _____

Child's Name: _____

Address: _____

City: _____ Postal Code: _____

Phone Number(s): _____

Email Address: _____

Hampton Free Methodist Church's Preferred Method of Payment:

Pre-authorized Direct Debit

Void Cheque Attached

By signing this page you authorize Hampton Free Methodist Church to debit your bank account for monthly fees. Payments will be withdrawn from your account on **the 20th of every month**. Please ensure sufficient funds are available.

Parent/Guardian Name (printed) and Signature Date

Tuition fees are due by the first day of the month and may also be made by providing post-dated cheques dated for the first day of the month. There will be a \$25 charge for all declined or returned payments.

Overdue Accounts:

- If your monthly tuition fee has been returned for any reason, you will be notified and expected to make arrangements for payment for that month's tuition. If you don't make the payment by the end of the month, you will be charged a late charge of \$5.00 and be given a reminder that if your payment is not made within 14 days, your child/children will be suspended from the program until your account is settled.
- If your account is still not settled, or if no payment arrangements have been, a final letter requesting payment will be sent. You will have 10 days to settle your account in full, or your account will be closed and sent to collections, and you will no longer be able to use the program.

It is your responsibility to notify and to provide Hampton Free Methodist Preschool with correct information and with any changes to the above information.