



**HAMPTON FREE METHODIST PRESCHOOL**

2930 McClocklin Road  
Saskatoon, SK S7R 0A1

Phone: (306) 242-4500

Church Office Email: [office@hamptonfreemethodist.com](mailto:office@hamptonfreemethodist.com)

Website: [www.hamptonfreemethodist.com](http://www.hamptonfreemethodist.com)

CRA #889089447RR0001

**HAMPTON FREE METHODIST PRESCHOOL**

**2023/2024 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, 2023 to attend the 3 year old class and must be fully toilet trained)**

**PRESCHOOL FEES**

**Registration Fee: \$40.00** (Non-refundable. Please bring exact change, if possible. (Post-dated cheques are also accepted.)

Monday, Wednesday, Friday morning and/or afternoon classes: **\$135** per month      **Date:** \_\_\_\_\_

Tuesday, Thursday morning classes: **\$115** 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.*

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Child's Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age (as of September 1, 2023): \_\_\_\_\_ 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 #
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First & Last Name	Relationship to Child	Home Phone #	Cell/Other #
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First & Last Name	Relationship to Child	Home Phone #	Cell/Other #
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First & Last Name	Relationship to Child	Home Phone #	Cell/Other #
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**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 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
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**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?

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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 2023/2024 school year.*

