

#### HAMPTON FREE METHODIST PRESCHOOL

2930 McClocklin Road Saskatoon, SK S7R 0A1 **Phone:** (306) 242-4500

Church Office Email: office@hamptonfreemethodist.com
Website: www.hamptonfreemethodist.com

CRA #889089447RR0001

Work Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

# HAMPTON FREE METHODIST PRESCHOOL

# 2023/2024 Preschool Registration Form

<b>HFM Prescho</b>	ol
--------------------	----

☐ 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. Child's Name: \_\_\_\_\_\_ Birthdate: \_\_\_\_\_ Age (as of September 1, 2023): \_\_\_\_\_ Gender: \_\_\_\_ Address: \_\_\_\_\_\_Postal Code: \_\_\_\_\_ Home Phone #: Email: PARENT/GUARDIAN **PARENT/GUARDIAN** Name: \_\_\_\_\_ Name: \_\_\_\_\_

Would either parental workplace be suitable for a field trip? YES UNO U

Work Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

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.			
parent designates to pick up my c these individuals that they must child/children. I understand that i permission to HFMC Preschool to c on the front page of this registration	hild/children from Hampton present government issue n case of an emergency, I ontact the following individ	ed photo ID each time they of will be the first one called. Ho	gram. I have informed come to pick up my wever, I also give my
Your children will not be allowed to	leave the school with anyo	ne not listed below. <u>You can rer</u>	nove 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 #
<b>Please Note:</b> <u>Everyone</u> picking up children will be asked for government issued photo ID each time they are picking up the child.			
CUSTODY & RELATED COURT OR	DERS:	□ <u>NOT APPLICABLE</u>	
If a custody or court order exists	, a copy of the order mu	st be given to Hampton Free	Methodist Preschool.
The parent/guardian is responsib	le for providing accurate	and up to date information	concerning the legal
guardianship of the child. Without	a custody or court order or	n file, HFM Preschool cannot de	ny 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			

ol. al 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 do	ocumentation (custody &/or related court order).	

## **Medical Information:**

Health Card #:	Family Doct	or:	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	<b>_</b> Food	_ □ Insects	☐ Other	
Does your child carry: ☐ Epi-pen ☐ Inhaler ☐ Other				

### Hampton Free Methodist Preschool Participants Waiver of Liability & Media Consent

(Parent/Guardian) of

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.

١.

(Child) consent to have my child receive services from Hampton Free Methodist Preschedild voluntarily. The consent will remain in effect for the duration of the program. I under the program services delivered as part of the Hampton Free Methodist Preschool that I Programming activities such as recreation activities and outings (field trips) involve certains occur while participating in these activities.	erstand and agree to receive have registered my child in.
ACKNOWLEDGEMENT	
The above named child has my permission to participate in preschool activities as plant Methodist Preschool that I have registered my child in. I waive my legal rights agains Preschool for any loss, injury or damage suffered during or by reason of participating in activities scheduled while my child is in the program. I authorize the application of errand undertake to be responsible for any hospitalization, medical expense and ambulancurred.	t Hampton Free Methodist n all events, programs and mergency medical attention
Parent/Guardian Signature	Date
MEDIA RELEASE	
, (Parent/Guardian) give permission for my chi	ld
to appear in photographs, video and/or audio that may be used in the promotional of Methodist Preschool. My child's image may be published or used in newspapers, procommercials, television news items, program brochures, poster, social media sites etc. or public or used for other educational/fundraising purposes, either in whole or in part be preschool, and/or external partners. No names will ever be used in association with a chapter mission of the parent/guardian.	motional videos, television otherwise displayed to the y Hampton Free Methodist
By my signature as parent/guardian for (child) I g Free Methodist Preschool to use any image taken during preschool program time followers: 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.

### **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. Receipts for the 2023 school year (Sept-Dec) will be mailed/handed out in February 2024. Tax receipts for the 2024 school year (Jan-June) will be mailed in February 2025.

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:				
	y: Postal Code:			
Phone Number(s):				
Hampton Free Methodist Church's Pre	eferred Method of Payment:			
☐ Pre-authorized Direct Debit	☐ Void Cheque Attached			
	impton Free Methodist Church to debit you our account on <b>the 20<sup>th</sup> of every month</b> . F	•		
Parent/Guardian Name (printed) and S	ignature	 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 the Hampton Free Methodist Preschool/Church Office with correct information and with any changes to the above information.