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

HAMPTON FREE METHODIST PRESCHOOL

2026/2027 Preschool Registration Form

HFMC Preschool

The preschool program runs from 9 am to 3 pm for children ages 3 to 5 years old. **Children must be 3 yrs old by September 1, 2026 to attend and be fully toilet trained.** Families will supply a lunch and a snack. There will be a maximum of 16 children/class.

Registration Fee: $40.00 (Non-refundable. Please bring exact change, if possible. (cash, cheque, e-transfer)

PRESCHOOL FEES

❑ **1 Day Program** (please choose one day)	M ❑ T ❑ W ❑ Th ❑ F ❑	**$ 180.00/month**
❑ **2 Day Program** (please choose two days)	M ❑ T ❑ W ❑ Th ❑ F ❑	**$ 270.00/month**
❑ **3 Day Program** (please choose three days)	M ❑ T ❑ W ❑ Th ❑ F ❑	**$ 385.00/month**
❑ **4 Day Program** (please choose four days)	M ❑ T ❑ W ❑ Th ❑ F ❑	**$ 465.00/month**
❑ **5 Day Program** (please choose all days)	M ❑ T ❑ W ❑ Th ❑ F ❑	**$ 540.00/month**

Date: _____

Please make cheques payable to Hampton Free Methodist Church. E-Transfer is also accepted.
treasurer.hfmc@sasktel.net (please put "preschool and your last name in the comments)
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, 2026): _____ Gender: _____

Address: _____ City:_____ Postal Code: _____

Home Phone #: _____ Email: _____

PARENT/GUARDIAN

Name: _____

Work Phone #: _____

Cell Phone #: _____

PARENT/GUARDIAN

Name: _____

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.**

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 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, where my child is registered. 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 2026/2027 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 2024 school year (Sept-Dec) will be mailed/handed out in February 2025. Tax receipts for the 2025 school year (Jan-June) will be mailed in February 2026.

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 the Hampton Free Methodist Preschool/Church Office with correct information and with any changes to the above information.