



SERENDIPITY PRE-KINDERGARTEN ASSOCIATION 2021-2022 REGISTRATION FORM

CLASS PREFERENCE (PLEASE CIRCLE):

3-YEAR OLD CLASSES

Tu/Th	Morning	9:00am – 11:30am	\$180.00
M/W	Afternoon	12:30pm - 3:00pm	\$180.00
Tu/Th	Afternoon	12:00pm - 3:00pm	\$200.00

4-YEAR OLD CLASSES

M/W/F	Morning	9:00am – 12:00pm	\$220.00
Tu/Th	Afternoon	12:00pm – 3:00pm	\$200.00
M/W	Afternoon	12:30pm – 3:00pm	\$180.00

PLEASE ADD SCHOOL SUPPLY FEE TO REGISTRATION FEE \$10

CHILD'S INFORMATION:

LEGAL SURNAME: _____ FIRST NAME: _____

DATE OF BIRTH: (MM/DD/YY) _____ GENDER (CIRCLE): MALE FEMALE

CHILD RESIDES WITH: Mom Father Both Parents Other: Please Specify _____

PARENT/GUARDIAN INFORMATION:

PARENT/GUARDIAN: _____ HOME PHONE NUMBER: _____

ADDRESS (Legal Address, No PO Box): _____

POSTAL CODE: _____

BUSINESS PHONE NUMBER: _____ CELL PHONE NUMBER: _____

PARENT/GUARDIAN: _____ HOME PHONE NUMBER: _____

ADDRESS, if different from above (Legal Address, No PO Box): _____

BUSINESS PHONE NUMBER: _____ CELL PHONE NUMBER: _____

OTHER INFORMATION:

EMAIL ADDRESS: _____

DOCTORS NAME: _____ PHONE NUMBER: _____

IMMUNIZATIONS UP-TO-DATE (PLEASE CIRCLE): YES NO

ALLERGY/MEDICAL CONCERNS: YES NO IF YES: PLEASE FILL IN ALLERGY AND/OR MEDICAL FORM

IS YOUR CHILD GOING THROUGH ANY SPECIAL NEEDS TESTING OR ALREADY KNOW THEY WILL BE

ATTENDING WITH AN AIDE (PLEASE CIRCLE): YES NO AGENCY: _____

EMERGENCY CONTACT INFORMATION (someone within 30 min and not listed above who can pick up your child when the parent/guardian is not reachable):

1. NAME: _____ PHONE NUMBER: _____

ADDRESS (Legal Address, No PO Box) _____

CITY: _____ POSTAL CODE: _____

FOR SCHOOL USE ONLY:

Date of Enrollment: _____

Registration Fee: _____

First Day of Class: _____

Class Fees: _____

Last Day of Class: _____

Supply Fee \$10: _____



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FEES AND CANCELLATION POLICY

PAYMENT FOR REGISTRATION AND CLASS FEES IS EXPECTED IN FULL AT TIME OF REGISTRATION.

A REGISTRATION FEE OF \$100.00 IS REQUIRED AT TIME OF REGISTRATION AND IS NON-REFUNDABLE.

A One Time School Supply Fee Payment is due at the time of registration of \$10

PAYMENT OPTIONS FOR PROGRAM FEES:

- 1) Pay fees in FULL
- 2) Post Dated Cheques for the 1st of each Month
- 3) 2-3 lump sum payments
- 4) If paying by cash or via e-transfer first and last month must be provided at time of registration.

Temporary absences such as vacation or illness are NOT deducted from the monthly fees.

To withdraw, one calendar month written notice is required.

Beginning class half way through month, 50% of monthly class fee required.

RETURNED CHEQUES WILL BE CHARGED A \$20.00 ADMINISTRATION FEE TO COVER BANK COSTS.

DISCIPLINE POLICY

At Serendipity we respect each child and their level of development, their family and cultural influences and we create a positive environment with activities as to influence positive behavior. The teachers are fully trained in child development and how it relates to positive guidance (discipline) strategies we list below.

1. Each child will be respected as an individual. Each incident will be treated as an individual situation.
2. Consideration for the temperament and uniqueness of the child will determine the type of intervention.
3. Limits will be stated kindly but firmly.
4. The problem will be identified with the child and the choices will be used to help redirect the behavior to a more positive activity or action.
5. Positive reinforcement of an appropriate behavior is the main focus of our discipline policy.

As a license holder, Serendipity Pre-Kindergarten will not, with respect to a child in the program, inflict or cause to be inflicted any form of physical punishment, verbal or physical degradation or emotional deprivation; deny or threaten to deny any basic necessity or use or permit the use of any form or physical restraint, confinement or isolation.

I AM AWARE OF THE FEE, CANCELLATION & DISCIPLINE POLICY:

SIGNATURE OF PARENT/GUARDIAN: _____

PRINT NAME: _____ DATE: _____

CRAFT HELPERS

Throughout the year, the teachers at Serendipity require helpers for craft preparation would be interested in helping prepare crafts at home.

YES: _____ NO: _____



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MEDICAL CONSENT

Please be aware, in the event of sudden illness or injury to your child, it may be necessary for Serendipity staff to administer first aid.

I give permission for my child to be transported by Emergency Medical Services (EMS) in the case of emergent care. _____ (Please Initial)

I understand and accept liability for all expenses incurred in administering emergent care for my child. _____ (Please Initial).

In case of accident of the above noted child, I hereby covenant and agree that no action or recovery of loss or damage resulting from accident will be taken against Serendipity Pre-Kindergarten Association members, directors or its staff unless such damages are due to proven negligence. _____ (Please Initial)

I understand that if I choose not to immunize my child he/she may be required to stay at home if another child in the class is suspected of having a communicable disease. _____ (Please Initial)

SIGNATURE OF PARENT/GUARDIAN: _____

PRINT NAME: _____ **DATE:** _____

PHOTOGRAPH CONSENT

I understand photographs of my child may be taken in the classroom and/or field trips and give permission for those photos to be used for (please initial where you agree to give consent):

WEBSITE	YEARBOOK	DISPLAYS

SIGNATURE OF PARENT/GUARDIAN: _____

WEBSITE/EMAIL/FACEBOOK ACKNOWLEDGMENT

Thank you for taking the time to become familiar with the contents of the Serendipity Pre-Kindergarten website at www.serendipityokotoks.com.

Newsletters, snack calendars, handbook and other pertinent information can be found on the website. Other information will be sent via email or posted on our Facebook page. Please check regularly.

SIGNATURE OF PARENT/GUARDIAN: _____

CLASS DOJO APP

Serendipity uses the Class Dojo App to communicate and share moments from class. We just ask that parents do not share pictures on their regular social media streams. Please sign acknowledging you understand the expectations of using the app. It is a free downloadable app on any phone.

I agree to the terms of using the Class Dojo App. _____(Signature)



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LOCAL OUTINGS

Serendipity occasionally takes impromptu outings around the neighborhood (down Elma St. between Northridge Dr and Veterans Way, the hill/trail behind the school, or to Ethel Tucker Park or Sheep River Park (we would cross at the crosswalks at Elizabeth & Elk Street and again at the marked crosswalk on Riverside Dr. and for Sheep River Park will either take the library bridge or the bridge on Southridge drive). Teachers will let you know at the beginning of class if they plan to do a local outing, either through Class Dojo or verbally when you child is dropped off at class. There is an element of risk including tripping, falling, spraining or breaking a limb. These outings can be for Educational purposes in line with the monthly theme or to meet the physical activity component of our program. Our regular policy for supervision applies on the local walk of 1 teacher for under 7 students and 2 for more than 7 at a ratio of 1:12. Parent helpers are always welcomed. Local outings will not be longer than 2 hours. A Teacher will be in the front of the group and one at the back of the group at all times during these walks. All other field trips not covered by this consent will have a separate consent.

I agree that my child _____ may participate in the classroom local outing and understand there is a small risk of injury.

SIGNATURE OF PARENT/GUARDIAN: _____

PRINT NAME: _____ **DATE:** _____

CLASS PHONE AND EMAIL DIRECTORY

The intent of the phone list is: 1) to email newsletters, snack schedules and other pertinent information to parents; 2) for the board/snack coordinator to contact; 3) in case of inclement weather or emergency, to cancel class and 4) For parents to arrange play dates or switching of snack days. PLEASE NOTE: WE WILL USE EMAIL/PHONE # FROM PAGE 1 OF THIS FORM.

I, _____ (your name), give permission.

OR

I, _____ (your name), do not give permission.

Parent Signature: _____ Date: _____

OTHER INFORMATION

Does your child have any fears? Do you have any concerns? Are there custody arrangements or other information the teaching staff need to be aware of?

**PLEASE MAKE SURE ALL THE FOLLOWING IS ATTACHED IN ORDER TO COMPLETE
REGISTRATION AND ENSURE A SPOT FOR YOUR CHILD:**

Registration form is filled in completely

Registration fee included

Class Fees (see payment options) included