



Giant Steps Playschool

A Parent's Cooperative Since 1973

Room #126, Robert Rundle School
50A Grosvenor Boulevard
St. Albert, Alberta
T8N 0X6
Tel.: 780-991-5189

WEB SITE: www.giantstepsplayschool.com

APPLICATION PROCEDURE:

1. Complete Application Form Parts A and B. NOTE: Information is required in compliance with the 1981 Daycare Act, and is kept confidential. *All preschoolers must be fully toilet trained and 3 years of age by October 31, 2010 to start playschool.*
2. Return forms accompanied by the \$30.00 non-refundable fee to the Registration Secretary.
NOTE: Your child will not be added to the class list without the \$30.00 fee.
3. Post-dated cheques must be submitted to the Registration Secretary on or before the night of the General Meeting (date TBA). The FIRST and LAST months' fees are combined in the FIRST cheque. All subsequent cheques are for the monthly rate per child. A toy clean-up deposit of \$50.00 is also required and will be returned once a clean-up evening is attended. Two \$50.00 cheques are also required for all assisting parents and will only be cashed if a suitable replacement isn't made for the assisting duty. Placement in the program is assured once all cheques are submitted. Failure to provide post-dated cheques before school commences will result in the removal of your child from the Playschool.

PLEASE MAKE CHEQUES PAYABLE TO: GIANT STEPS PLAYSCHOOL

4. The school year term runs from September 7, 2010 to June 10, 2011.

All parents are asked to attend the General Meeting held in the library at Robert Rundle School, 50A Grosvenor Boulevard, September 2, 2010 (date subject to change with notification). The purpose of this meeting is to explain the program and organization of the school, to finalize registration and have a chance to meet the teachers. A package of information will be mailed out to all registered students over the summer, which will include a reminder about this evening. Parent Handbooks detailing the playschool guidelines will be given out at this meeting.

REGISTRATION SECRETARY

Natalie Monette
780-460-9592

COORDINATOR

Jen Goudreau
780-458-6862

GIANT STEPS PLAYSCHOOL
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APPLICATION FORM PART A:

NAME OF CHILD: _____

NAME CHILD GOES BY IF DIFFERENT THAN GIVEN NAME: _____

ADDRESS: _____ POSTAL CODE: _____

EMAIL ADDRESS: _____

BIRTHDATE (dd/mm/yyyy) _____ SEX: M / F PHONE: _____

PARENTS' NAMES (living with child): _____

OTHER PARENTS' NAME (if applicable): _____

OTHER PARENTS' ADDRESS (if different from child's):

PARENTS' EMPLOYERS:

Mother's Employer	Address	Phone
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Father's Employer	Address	Phone
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Mother's Cell Phone # (if applicable)	Father's Cell Phone # (if applicable)
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EMERGENCY CONTACT (Other than parents):

Name	Address	Phone
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AUTHORIZED PERSONS TO PICK UP CHILDREN (name, relationship and telephone number):

FAMILY PHYSICIAN: _____ PHONE: _____

CLINIC: _____

CHILD'S ALBERTA HEALTH NO.: _____

CLASS: _____ ASSISTING: _____ NON-ASSISTING: _____

INJURY WAIVER

I, _____, RELEASE THE GIANT STEPS PLAYSCHOOL
OF ANY RESPONSIBILITY IN THE EVENT MY CHILD, _____,
IS INJURED WHILE ATTENDING THE SCHOOL. I HEREBY ACKNOWLEDGE THAT I HAVE READ AND
UNDERSTOOD THE POLICIES OF THE SCHOOL AND AGREE TO ABIDE BY THEM.

Parent Signature

Date

I HEREBY AUTHORIZE THE STAFF TO TAKE MY CHILD FOR WALKS OFF THE SCHOOL PREMISES FOR
SCHEDULED FIELD TRIPS, NATURE WALKS AND OUTDOOR PLAYGROUND ACTIVITIES.

Parent Signature

Date

IN THE EVENT OF AN EMERGENCY, AND IN THE EVENT WE, THE PARENTS AND/OR EMERGENCY
CONTACT PERSON CANNOT BE REACHED, WE DO HEREBY AUTHORIZE THE STAFF OF GIANT STEPS
PLAYSCHOOL TO SEEK ANY EMERGENCY MEDICAL TREATMENT DEEMED NECESSARY.

Parent Signature

Date

Child's Alberta Health Care No.

Release of Information for Class List Only

We would like to do a class list for all of the parents which would include the following information: Child's name, Address, Home Phone Number, Email Address and Parents' names. This list would be for the purposes of children making friends and for assisting parents to find replacements when necessary.

We require a signature in order to place your name on the list. Please sign and return this form as your consent.

Child's Name: _____
(Rainbows/Sunbeams/Snowflakes) - circle one

Parent Signature: _____

WORK EVENING FEES

In order to have your \$50.00 work evening deposit cheque returned one parent must participate in one work evening (approx. 2 hours), which is a toy-clean up evening, or being a scrapbook committee member, or an evening that the teachers need parental help. Please check off which month you would like to participate (these months may change or different months may be available as the year progresses)

Parent's Names _____

_____ November _____ January _____ March _____ June

Reminders will be posted in the newsletters before each work evening. The phoning coordinator will also contact you, via email, prior to your scheduled evening. If you are unable to attend or find a suitable replacement, you forfeit your \$50 work evening cheque.

If you wish to participate on our Parent Executive Board by taking one of our many board positions (see Application Form Part B: Parent Involvement) you will have your \$50.00 cheque returned to you after attending 8 of the 11 board meetings held throughout the year. Please consider being a part of this fun and dynamic group of parents. With the exception of our wonderful teachers, Giant Steps Playschool is organized and operated completely by parent volunteers. A strong parent executive board ensures a creative and well-run playschool for all of our students.

PHOTOGRAPH CONSENT FORM

I hereby give my consent to have _____
(child's name)

photographed/videotaped for the following:

- a) parent videotaping/photographing special events* Yes _____ No _____
- b) newspaper/newsletter/online advertising Yes _____ No _____
- c) school/fieldtrip photos displayed within the classroom* Yes _____ No _____

***Please note: If you say no to the above your child WILL NOT be able to participate in special events such as the Christmas Concert or the class photo taken in early 2011.**

VALID UNTIL RESCINDED

(Signature)

(Date)

(Relationship to child)

INFORMATION FOR REGISTRATION SECRETARY

CHILD'S NAME: _____

PARENT'S NAMES: _____

ADDRESS: _____

PHONE NUMBER: _____

EMAIL: _____

ENROLMENT INFORMATION (all classes are subject to sufficient enrolment)

Please check off appropriate class (**child must be 3 years of age by OCTOBER 31, 2010, must be 3 prior to starting class and must be fully toilet trained**):

_____ **SNOWFLAKES:** 3-year-old class (Tues. & Thurs. mornings, 9:15 am - 11:30 am)
_____ Assisting Parent @ \$90.00/month
OR
_____ Non-assisting Parent @ \$110.00/month

_____ **SUNBEAMS:** 3, 4 and 5 year-old class (Mon., Wed. & Fri. afternoons, 1:00 pm - 3:15 pm)
_____ Assisting Parent @ \$115.00/month
OR
_____ Non-assisting Parent @ \$135.00/month

_____ **RAINBOWS:** 4 and 5 year-old class (Mon., Wed. & Fri. mornings, 9:15 am - 11:30 am)
_____ Assisting Parent @ \$115.00/month
OR
_____ Non-assisting Parent @ \$135.00/month

INFORMATION FOR COORDINATOR

APPLICATION FORM PART B: PARENT INVOLVEMENT

As a parent cooperative, we ask that every family share in the activities, which go hand in hand with running a school. Please mark the areas you would feel comfortable working in. You will be contacted at the beginning of the year for duties in at least one category.

- | | |
|--|---|
| <input type="checkbox"/> Phoning | <input type="checkbox"/> Laundry |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Carpentry |
| <input type="checkbox"/> Scrapbooking | <input type="checkbox"/> Crafts |
| <input type="checkbox"/> Sewing | <input type="checkbox"/> Substitute Assistant Teacher |
| <input type="checkbox"/> Website updating | <input type="checkbox"/> Graphic design (for updating flyers, ads etc...) |
| <input type="checkbox"/> Other Talents _____ | |

AND/OR

Parent Board Positions:

- | | |
|---|---|
| <input type="checkbox"/> Coordinator | <input type="checkbox"/> Assistant Coordinator |
| <input type="checkbox"/> Secretary | <input type="checkbox"/> Registration Secretary |
| <input type="checkbox"/> Fundraising Coordinator | <input type="checkbox"/> Field Trip Coordinator |
| <input type="checkbox"/> Social/Phoning Coordinator | <input type="checkbox"/> Duty Roster Coordinator |
| <input type="checkbox"/> Photography/Scrapbooking Coordinator | <input type="checkbox"/> Scholastic Coordinator |
| <input type="checkbox"/> Library Coordinator | <input type="checkbox"/> Treasurer (Accounting experience preferable) |

Appreciated Donations: Paper Craft Supplies
 Photocopying

CHILD'S NAME: _____

CHILD'S CLASS: Rainbows Snowflakes Sunbeams

PARENTS' NAMES: _____

TELEPHONE NUMBERS: _____
Business (Mother) Business (Father) Home

Thank you for your help! Together we will have another happy and successful year at Giant Steps Playschool.