

UNIQUE KIDS PRE-SCHOOL INC.

REGISTRATION 2025 - 2026

THREE YEAR OLDS:

To qualify for this program your child must be three years old before December 31, 2025. **YOUR CHILD MUST BE TOILET TRAINED!**

FOUR YEAR OLDS:

To qualify for this program your child must be four years old before December 31, 2025.

REGISTRATION PROCEDURE

1. **PLEASE CHECK CHOICE OF CLASS BELOW.**
2. Read and sign **CHILD GUIDANCE POLICY** and **WITHDRAWAL POLICY**.
3. Fill out the **APPLICATION FOR ENROLLMENT**.
4. Fill out **HEALTH RECORD**.
5. Read and sign the **WAIVER AGREEMENT**.
6. Provide one cheque **payable to Unique kids Pre-school Inc.** for the registration fee and for the June 2026 fee to be dated the day of registration. **Registration Fee is \$100.00 per family.**
 - Tuesday, Thursday Class: \$100 (Reg.) + \$100 (June) = \$200.00
 - Monday, Wednesday, Friday Class: \$100 (Reg.) + \$145 (June) = \$245.00
 - Monday through Friday Class: \$100 (Reg.) + \$290 (June) = \$390.00
7. Provide **9 post-dated cheques payable to Unique kids Pre-school Inc.** The post-dated cheques are to be dated the first day of each month (September 1, 2025 to May 1, 2026).

Class Times & Fees:

Tuesday, Thursday - \$100 per month (after deducting the \$100 Affordability Grant)
9:00 am - 11:30 am 3/4-Year Old Split Class (must be 3 by Dec. 31, 2025)

Monday, Wednesday, Friday - \$145 per month (after deducting the \$100 Affordability Grant)
9:00 am - 11:30 am 4-Year Old Class (must be 4 by Dec. 31, 2025)

Monday through Friday - \$290 per month (after deducting the \$100 Affordability Grant)
9:00 am - 11:30 am 4/5-Year Old Jr. Kindergarten Class (must be 4 by Dec. 31, 2025)

UNIQUE KIDS PRE-SCHOOL INC.

CHILD GUIDANCE POLICY

The purpose of the Child Guidance Policy is to assist children learn, grow and develop self-control, respect, trust, confidence, self-esteem and appropriate problem solving skills in a positive, peaceful, safe and secure environment. We set the stage for positive behaviors by establishing predictable routines, setting clear rules about expectations, being attentive to children's needs, communicating with children's families and modeling kindness and respect.

Positive Child Guidance techniques we use are setting limits, providing explanations, providing choices between two appropriate behaviours and problem solving.

Physical punishment, emotional deprivation, threatening to deny any basic necessity or use of any form of physical restraint is prohibited at preschool.

Parents will be notified of any persistent problems. If a child's behaviour indicates that he/she is not adjusting to the program, has significant issues co-operating with peers or teachers and is consistently having a detrimental effect on the class, parents may be asked to withdraw the child from the pre-school.

Child Guidance Policy is in line with Early Learning and Child Care Regulation Schedule 1 Part 1 3(2):

A licence holder must not, with respect to a child in the program,

- (a) inflict or cause to be inflicted any form of physical punishment, verbal or physical degradation or emotional deprivation,*
- (b) deny or threaten to deny any basic necessity, or*
- (c) use or permit the use of any form of physical restraint, confinement or isolation.*

WITHDRAWAL POLICY

A child may be withdrawn from any class when **written** notice has been given one month in advance. If one month notice has been given, all remaining post-dated cheques will be returned. If one month advance notice has not been given, the cheque for that month will not be returned.

Registration fee and June 2026 fee are non-refundable after date of registration.

There will be a \$30.00 charge for all NSF cheques.

I have read and understood the Child Guidance Policy and Withdrawal Policy.

Signature_____

Date_____

UNIQUE KIDS PRE-SCHOOL INC.

APPLICATION FOR ENROLMENT

CHILD'S NAME: _____
(Last) (First) (Middle)

Name he/she is to be called: _____ Date of Birth: _____
Day/Month/Year

Child's Address: _____
(Street) (City) (Province) (Postal code)

PARENTS:

MOTHER

FATHER

Name: _____

Home Address: _____
(If different from child's)

Home Phone: _____

Cell Phone: _____

Business Phone: _____

Business Address: _____

EMERGENCY CONTACT PERSON (person who is available during school hours to pick up the child in an emergency)

Name: _____ Phone: _____

Relationship to child: _____

Address: _____

Postal Code: _____

Persons permitted to pick up your child: _____

Is there any person NOT allowed access to your child? Please provide details _____

_____ Information Update (to be completed in January, 2026) _____ Signature

I authorize the release of this phone number **and** e-mail address _____

to the volunteer co-ordinator to contact me to schedule volunteer days _____
Signature

How did you hear about us?

☐ Ad ☐ Website ☐ Friend ☐ Signage Please specify _____

Office Use Only

Class: MWF am TTh am M-F am

Registration fee and June fee received _____

Post-dated cheques received _____

UNIQUE KIDS PRE-SCHOOL INC.

HEALTH RECORD

CHILD'S NAME: _____ M() F()
(Surname) (First) (Middle)

IMMUNIZATION RECORD: Are immunizations up to date? _____ Yes _____ No

CHILDHOOD ILLNESSES (Please indicate if child has had any, and specify i.e. chicken pox, numerous ear infections, etc.): _____

Does your child have any medical conditions or allergies? Please provide details: _____

Does your child have any health problems (Physical & Emotional) _____ Yes _____ No

If yes, please explain: _____

Please provide details of any medication your child is taking on a regular basis: _____

I allow do not allow my child _____ to participate in the speech language free screening assessment provided by a registered speech language pathologist that visits Unique Kids Preschool during class time. Screening takes place at the start of the school year in September. I authorize do not authorize the release of cell number and email to the speech pathologist to contact me.

Signature _____

UNIQUE KIDS PRE-SCHOOL INC.

WAIVER AGREEMENT

THIS CONTRACT LIMITS OUR LIABILITY - READ IT CAREFULLY!

I/We, the parent(s) and/or legal guardian(s) of _____ (the "Child"),
(Insert Name of Student)

hereby grant permission for the Child to use all the play equipment and participate in all the activities of **Unique Kids Pre-school Inc.** (hereinafter called "**Unique Kids Pre-school Inc.**", which term shall include, as the context may require, the **Unique Kids Pre-school Inc.** officers, directors, shareholders, administration, teachers, volunteers, agents, representatives or employees and their heirs, executors and assigns), to leave the pre-school premises in an authorised vehicle, under the supervision of **Unique Kids Pre-school Inc.** on an outing (e.g. supervised walks to park or playground) at the sole discretion of **Unique Kids Pre-school Inc.** throughout the school term. Specific permission releases will be provided for major field trips.

I/We hereby grant permission for the Child to be included in evaluations and photographs in connection with the pre-school program and to have such information available to the public on the **Unique Kids Pre-school Inc.** website, social media, newsletters and other publications or information.

I/We hereby grant permission to **Unique Kids Pre-school Inc.** to take steps to obtain emergency medical care for the Child if deemed necessary or desirable in the sole discretion of **Unique Kids Pre-school Inc.** These steps may include, but are not limited to:

1. Attempt to contact parent(s) or guardian(s).
2. Attempt to contact emergency contact persons listed on Child's registration form.
3. If all of the above steps are unsuccessful, any or all of the following:
 - (a) Call Emergency Medical Services (911).
 - (b) Have the Child transported to hospital in the care of an employee of **Unique Kids Pre-school Inc.**

Any expense incurred under paragraph 3, above, will be borne by the Child's parent(s) and/or guardian(s).

I/WE HAVE READ AND UNDERSTAND AND AGREE WITH THE **UNIQUE KIDS PRE-SCHOOL INC. CHILD GUIDANCE POLICY AND WITHDRAWAL POLICY.**

Unique Kids Pre-school Inc. will not be responsible for anything that may occur as a result of false information given on the child's registration form at the time of enrolment or withheld thereafter.

I/We hereby agree that I/we shall remain at all times responsible for any loss, claim, accident, illness, damage or injury suffered by me/us while volunteering for **Unique Kids Pre-school Inc.**, or suffered by the Child resulting from his/her participation in an outing or while attending **Unique Kids Pre-school Inc.**, and I/we hereby agree to indemnify and save harm less **Unique Kids Pre-school Inc.** from, and waive any rights of action, causes of action, suits, claims and demands, whether arising at law or in equity, against **Unique Kids Pre-school Inc.** in the event of any loss, claim, accident, illness, loss, damage or injury to me/us or to the Child due to any cause whatsoever including, without limitation, negligence on the part of **Unique Kids Pre-school Inc.** I/We hereby agree to assume all risk of loss, illness, damage, injury, death to myself/ourselves or to the

Child, resulting from any cause whatsoever and understand that by signing this Waiver I/we may be forever prevented from suing or otherwise claiming against **Unique Kids Pre-school Inc.** I/we intend this Waiver to also apply to any relatives, personal representatives, heirs, beneficiaries, next of kin or assigns who might pursue legal action or claim by, through me/us or the Child or on my/our behalf or on behalf of the Child.

This Waiver may be amended only by an instrument in writing executed by **Unique Kids Pre-school Inc.** and the parent/guardian of the Child. If any item or provision of this Waiver is illegal or invalid for any reason whatsoever, such illegality or invalidity shall not affect the validity of the remainder of this Waiver. This Waiver and the application or interpretation thereof shall be governed by the laws of the Province of Alberta and I/we irrevocably submit to the exclusive jurisdiction of the courts of the Province of Alberta.

I/WE CONFIRM THAT I/WE HAVE CAREFULLY READ THIS WAIVER, UNDERSTAND ITS TERMS AND AGREE TO BE BOUND BY THEM.

DATED at Calgary, Alberta this _____ day of _____

Name of Parent/Guardian
(please print)

Signature of Parent/Guardian

Name of Parent/Guardian
(please print)

Signature of Parent/Guardian

COLLECTION, USE, AND DISCLOSURE OF PERSONAL INFORMATION

I, _____ (name of parent/guardian), acknowledge that this registration requires me to provide certain personal information about my family to **Unique Kids Pre-school Inc.** This information is collected by **Unique Kids Pre-school Inc.** for the following purposes:

- Determining the child's eligibility to attend programs offered
- Compiling and maintaining a register of children attending **Unique Kids Pre-school**
- Contacting parents/guardians to communicate information in regards to communicable diseases as required by Public Health; or in case of a health emergency involving the child-contacting parents/guardians/family physician
- Contacting parents/guardians or emergency contacts regarding school closure, cancellation

Personal information gathered will be disclosed to **Unique Kids Pre-school** teachers/staff/volunteers on an as-needed basis. Completion of this registration form indicates consent to the collection, use, and disclosure of personal information contained in the registration form.

Signature_____

Date_____