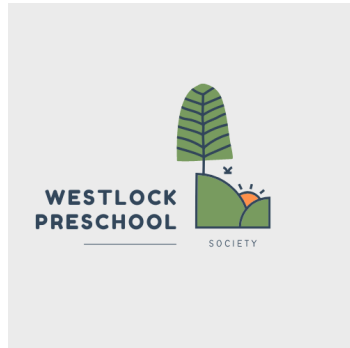


REGISTRATION IS OPEN (2026-2027)



Please forward completed forms &
e-transfers to:

westlockpreschoolsociety@gmail.com

Registration Checklist- MANDATORY

Please note Westlock Preschool Society operates within Alberta Early Learning and Child Care Regulations. Therefore, the following items are mandatory before your child's registration will be accepted.

- 2 Local Emergency Contacts (Names and Phone #'s)
- Birth Certificate
- Payment (Registration fee due immediately- Monthly Tuition & Fundraising Buyout are charged through our Lillio App. Fundraising Buyout payable in December and May)
- All forms COMPLETELY Filled out and signed
- Registration Form - all lines must be filled in or put N/A where needed

NOTE: Parents **CANNOT** be additional emergency contacts even if at a different address

How did you hear about our Preschool? _____

PAYMENT

Westlock Preschool Society generates invoices for your child or children, and these invoices will be viewable in your Lillio mobile app or web browser. Once the invoice is due, Westlock Preschool Society will automatically withdraw the funds from the credit card or bank account you provide.

Payment terms:

1. \$50.00 non-refundable registration fee
2. \$80 monthly tuition for MWF
3. \$200 fundraising fee per semester (will be invoiced in December and May if fundraising requirements are not met)
4. Contact the President or Treasurer with any payment concerns.

Please note your application will not be processed until registration fee is received.

DETAILED MEDICAL AND HEALTH CARE INFORMATION

Child's Name: _____ Alberta Health Care #: _____

Child's Doctor: _____ Clinic: _____

Phone# _____

- **NO:** My child has no allergies, diet restrictions, medications, or any health concerns that I am aware of
- **YES:** List any allergies, diet restrictions, and medications taken on a regular basis or any health concerns

Is your child receiving therapy services (i.e. Speech, Occupational or Physical Therapy)

Please Circle: Yes No If Yes, please state through who:

AUTHORIZATION FOR EMERGENCY MEDICAL AND HEALTH CARE ATTENTION:

1. In the event of an emergency when I am not available, I authorize the administration of any medical procedures deemed necessary by my child's doctor, or the doctor on call. I also consent for Westlock Preschool staff certified in first aid, known as the health care provider, to administer health care to my child in the nature of First Aid, as required on assessment.

Parent/Legal Guardian Signature _____ Date _____

2. I, the undersigned, am applying to enroll my child in Westlock Preschool Society. I am willing to participate in the classroom activities and assist, as necessary. I release Westlock Preschool Society from liability incurred while my child is attending school. I have read the Parent Handbook and understand the fee schedule. I oblige myself to

comply with the rules and regulations of Westlock Preschool Policies and guidelines as determined by Alberta Health.

Parent/Legal Guardian Signature_____ Date_____

Westlock Preschool Society Protection of Privacy Act Parent Consent Form

This information is collected and distributed per Alberta's Personal Information Protection Act (PIPA) this consent form is for the sole purpose of Westlock Preschool Society.

If you have any questions about the collection of your personal information, email westlockpreschoolsociety@gmail.com, inquire on our Facebook Page or contact a board member.

As the parent/legal guardian I hereby consent for _____ (Name of Student) to be photographed, videoed, or named for the following purposes, *please circle one*.

1. Photographs or student's name for school related activities, newsletters, bulletin boards, art display, class pictures, coat hooks, concert programs, emergency fan out lists, year end profile books.

Yes No

2. Photographs in class newsletters

Yes No

3. Display student's photo/video/ name on the **private Lillio app**

Yes No

4. Display student's photo/video/ name on the **public preschool website/Facebook**

Yes No

Parent's Name and Contact Information

- 5. Consent to provide parent/legal guardian's name, phone number, or email address, to class reps and board members for parent activities and /or class emergency fan out system for school related messages.

Yes No

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that these forms will remain in effect during the term of my child's enrollment. Your consent may be withdrawn at any time in writing, to Westlock Preschool Society.

Parent/guardian name

Signature

Date

PERMISSIONS & CONSENT:

ASSESSMENTS:

At times, our educators will request further speech, language, skills or behavior assessments from Pembina Hills School Division staff. We ask that all parents/guardians sign consent for assessment even though they may not require an assessment. It gives us a quicker way to ensure that assessments can be requested and completed in a timely manner, giving them the support they need for a positive school experience. The educators or Pembina Hills staff will approach you with any findings or suggestions regarding the assessment.

I hereby give my consent for further assessment regarding speech, language, fine motor skills, gross motor skills and behavior:

(Parent/Guardian Signature)

(Date)

GYMNASIUM:

I give permission for my child to walk to and take part in the gymnasium of Westlock Elementary School. The educators will provide constant supervision during this activity.

(Parent/Guardian Signature)

(Date)

OUTDOOR PLAY:

I give permission for my child to take part in activities on the playground, in the grassy/snowy area outside on the property of Westlock Elementary School or to participate in neighborhood walks. These activities will take place as weather and adequate outerwear permits. The educators will provide constant supervision during this activity.

(Parent/Guardian Signature)

(Date)

COVID -19 & Communicable Diseases:

I have reviewed the preschool's COVID-19 & Communicable Diseases policies and procedures and understand that some information will be stored for up to 30 days for symptoms and contact tracing as required by the Alberta Government and Alberta Health Services. I understand that policies and procedures are subject to change without any notice and will keep privy to necessary information relating to the Preschool.

(Parent/Guardian Signature)

(Date)

DISCIPLINE POLICY:

Child Guidance is the teaching and learning process by which each child develops socially appropriate behaviour as they learn and grow. We believe that guidance and discipline is something adults do with and for children, rather than something done to children to stop them from behaving in undesirable ways. The intention is to help each child become self-disciplined as they learn appropriate behavior patterns. Child Guidance involves a continuous process of guiding behavior and is offered when appropriate behaviour is occurring as well as before, during and after inappropriate behaviour is displayed. A problem-solving approach is preferred during interactions

between children and when adult guidance is needed. Physical intervention will only be used in situations where the child's behavior poses imminent danger of serious physical harm to self or others. I understand this policy and understand that I will be personally notified by teachers if there is an ongoing concern regarding discipline with my child.

(Parent/Guardian Signature)

(Date)

Government of Alberta Child Care Reporting

I understand that Westlock Preschool must create a child profile on the Alberta Government Child Care Reporting Portal. This profile includes my child's name, birthdate, parent name, phone number and email address. This information must be provided to the Government of Alberta to qualify for the Affordability Grant. I consent to my information being shared.

(Parent/Guardian Signature)

(Date)

About Your Child

Child's Interests: _____

Other Children in the family:

NAME	AGE	SEX

List any other important family members/friends/pets in the child's life:

To assist in program development and to ensure all children are represented in the program, please share with us any holidays, traditions, or cultural norms your family may have or participate in:

WESTLOCK PRESCHOOL VOLUNTEER INFORMATION

Parent's Name: _____

Phone #: _____

The following positions are available. Please check any position you would be interested in. **If we do not have a complete Board of Directors, our school cannot operate.** We are always interested in receiving expressions of interest to join our Board of Directors, even when there are no immediate vacancies in those positions, to be able to fill future vacancies. Please do not hesitate to reach out if you feel you could offer your time to fill any role on the board.

- President (must be filled this year)
- Vice President (must be filled this year)
- Secretary (must be filled this year)
- Treasurer (must be filled this year)
- Fundraising
- Director
- In Room Positions:
 - Assistant/ Helper
 - I can be on the Sub-list for my child's class, should extra helpers be needed, and the school may contact me to see if I'm available.
 - Cleaning after class (wiping tables, sweeping, cleaning toys)
 - Take Home Cleaning (laundry, cleaning toys)

For the 2026/2027 school year we are looking to fill the positions of President, Treasurer and Vice President. If these roles are not filled, after 41 years the Preschool will have to dissolve. If you would like to learn more about the roles, and what commitment is needed, please reach out to the President, or any Board Member.