Instructions for 2025/2026 Program Registration

The first week of classes will begin Monday, September 8, 2025**.** Classes run from 9:00 AM – 12:00 PM. Due to licensing regulations the classroom doors will not be open until 5 minutes before class start time. **Our license requires that you sign your child in and out of the building every day.**

Each day, including the first, please bring:

- Inside shoes
- Change of clothes (in case an accident or over enthusiastic play with water, paint etc.)
- Appropriate outdoor clothing (some days the class may play outside, weather permitting)
- A healthy, ready to eat (peeled/cut) snack consisting of at least two food groups (raisins, crackers and cheese, juice box, fruit, cereal bar, etc.) in a lunch container labelled with your child's name and on all items in the lunch kit should also be labelled. Nothing with peanuts currently due to a severe allergy in class.
- Water bottle with your child's name on it.

Read the Cookie Jar Preschool handbook for more detailed information about the program then follow the steps below to complete the registration process.

Choose a class preference for your child. Every effort will be made to have your child enrolled in that class. However, if your first choice cannot be accommodated, you will be contacted by phone. The class options are:

Tuesday/Thursday AM CLASS	4 YEAR OLDS	9:00AM – 12:00 PM
Monday/Wednesday AM CLASS	3 YEAR OLDS	9:00AM – 12:00 PM

- Our Tuesday/Thursday program is for students who will be 4 years old by December 31, 2025. Our Wednesday program is for students who are 3 years old by their start date of class.
- Fill out all pages of the registration form. Fill out the portable emergency information record card-**this must be completed prior to child attending**. Provide signatures where indicated. We also *require* a photocopy of your child's birth certificate. Your child may not be registered until these forms are completed in full and registration fee and volunteer bond are paid. Registration processing is performed by volunteers – your effort to keep call-backs to a minimum is appreciated immensely!

1. Mail or Email these fully completed forms and all the following fees to Cookie Jar Preschool. Please make each cheque payable to Cookie Jar Preschool or you may send an Email Money Transfer to cookiejarpreschool@gmail.com.

    - $60.00 registration fee (**cheques dated now**).
    - $200.00 deposit cheque for the Volunteer Bond (**post dated for February 1, 2026**) See the handbook about details about this fee and how it is possible to have it refunded to you before the end of the program.
    - Full tuition fees are now due at the time of registration. However, you have three payment options available (see below).

Cookie Jar accepts email money transfer. You may email at cookiejarpreschool@gmail.com. Please include Child's name for reference.

1 DAY PER WEEK • **3-YEAR-OLDS: MONDAY OR WEDNESDAY** **PLEASE NOTE: There is currently not a one-day option for our 4-year-old classes.**	$0/MONTH $0/SEMESTER $0/YEAR
2 DAYS PER WEEK • **3-YEAR OLDS; MONDAY AND WEDNESDAY** • **4-YEAR-OLDS: TUESDAY AND THURSDAY**	$40/MONTH $160/SEMESTER (SEPT-DEC) $200/SEMESTER (JAN-MAY) $360/YEAR

Note: Double check everything. Full registration of your child will require that the forms are filled out in full, and fees are included in the envelope. Enrolment occurs on a first come first-serve basis according to the post mark date on the envelope.

If the student starts at the beginning of the second semester, tuition can be paid monthly and/or a lump adjusted sum based on the second semester being 5 months instead of 4 like the first semester. If you have any questions regarding this, please get in touch with the Registrar.

Registration is ongoing throughout the year.

2. You are welcome to attend the Annual General Meeting set for May 5, 2025 at 6:00pm. This will be the opportunity for you to ask questions, voice concerns and sign up to volunteer your time. Election of the next year's Board will also take place. You can help make your child's preschool experience more rewarding and exciting by filling one of the positions of the Board. Volunteering for a Board position ensures your volunteer bond cheque will be refunded.
3. The open house will be on August 27, 2025 from 3:00-6:00pm. Bring your child, see the classroom, meet the teachers and let your child explore the surroundings. Please bring a photocopy of your child's

birth certificate to the open house, if you are planning on registering. You can pick up your registration fee receipts and confirm class placement at that time. Registration fee receipts and class confirmation will be emailed out to those who do not attend the open house.

If you have any questions or concerns: Please contact Cookie Jar Preschool at 403-845-7600 and/or email to speak with a teacher, come to the general meeting and/or the open house, or contact a Board member and we will return your call as promptly as possible. **We make every effort to support our Cookie Jar Preschool families in any way we can.**

(You may keep this above information for future reference).

Cookie Jar Preschool

Child Registration Form

**** All information contained in this application will be kept strictly confidential****

Child Information
Child's Full Name:
Gender: (please circle) M F
Date of Birth: Age:
AB Health Care #:
Street/Rural Address (Blue sign):
Home Phone #:
Postal Code:
Mailing Address: Same ( ) or:
Distance from Cookie Jar: KM

Contact Information	
Mother/Female Guardian Name:	**Father/Male Guardian Name:**
Address:	**Address:**
Home Phone #:	**Home Phone #:**
Cell Phone #:	**Cell Phone #:**
Work Phone #:	**Work Phone #:**
Employer:	**Employer:**

Parent's Email Address: _____

If parents are divorced or separated, child lives primarily with:

***If you require more space for additional guardians, please attach a sheet to this form.**

Program Request

Please list your preferences of class enrolment from first, second and third. Please note that every effort will be made to have your child attend the class you prefer. In the event the class you prefer is full, your name will be placed on a waiting list for that class and your child will be enrolled in your next preference of class. **You will be informed by phone if this occurs.**

*PLEASE CHECK WHICH CLASSES YOU WOULD LIKE YOUR CHILD TO ATTEND. *

4-YEAR-OLD PROGRAM	3-YEAR-OLD PROGRAM
☐ Tuesday and Thursday AM	☐ Monday and Wednesday AM ☐ Monday AM ☐ Wednesday AM

1st Choice: _____

2nd Choice: _____

3rd Choice: _____

Emergency Contact Person

(People who can be contacted **during program hours** if parents cannot be reached)

Name:	**Name:**
Relationship:	**Relationship:**
Street/Rural Address (Blue sign):	**Street/Rural Address (Blue sign):**
Home Phone Number:	**Home Phone Number:**
Work or Cell Phone Number:	**Work or Cell Phone Number:**

People Allowed to Pick Up Your Child from Cookie Jar Preschool

(<u>Include the names of parents</u>) *PICK UP PERSON MUST PRESENT ID*

Note: The Cookie Jar Preschool staff will not release your child to anyone who is not listed above unless you send a written consent with the person. Please phone Cookie Jar Preschool and notify teachers if this is going to occur.

Personal Information

Has your child had any previous experience with preschool? If yes, where and for how long?

Does you child have any fears that you are aware of? Any other play groups experience (Day Care, Family Day Home, Library Group etc.)?

How would you describe your child's personality? Any brothers or sisters? Please include their names and ages:

Is there anything else you can think of that would help us to know and understand your child better? What are your child favourite activities?

If anyone in your household has a skill (sewing, woodworking, painting, baking, guitar playing, etc.) that we may call upon at sometime during the year please make note of it here.

Health Information:

Are your child's immunizations up to date as of this application? Please circle: YES NO

Physicians Name: (if "attending", please list last local Doctor visited) and **phone number:**

Please check if your child has had	
Chicken Pox ☐	**Scarlet Fever** ☐
Whooping Cough ☐	**Measles** ☐
Mumps ☐	**Hepatitis** ☐
Other (Please describe)	

Please check if your child has frequent:		
Stomach Pains ☐	**Vomiting** ☐	**Asthma** ☐
Eczema ☐	**Other (Please describe)**	

Has your child had any serious accidents or operations? If so (Please describe)

Is your child fully potty trained? ☐ YES ☐ NO

NOTE YOUR CHILD CANNOT ATTEND THE PROGRAM UNTIL THEY ARE FULLY POTTY TRAINED

Is your child allergic to anything (drugs, food, environmental factors)? Please describe:

Please check how this allergy manifests itself?	
Hives ☐	**Asthma** ☐
Hay Fever ☐	**Other (Please describe)**

Does your child have any special needs (Physical Social emotional intellectual or behavioural) relevant to their care in an educational setting? Please explain:

Is your child taking any ongoing medications? Please describe and list medications name(s): Please note that if medications are to be administered by Cookie Jar Preschool personnel you will be required to complete a *Request to Administer Medication* permission form).

Consent/Permission

Please read each point below and sign the bottom of the page. Please contact the teachers or the registrar, should you have any questions or concerns.

I agree to allow my child _____ to have his/her picture taken and/or recorded by video camera or other recording technology for the expressed use of the Cookie Jar Preschool (including social media; face book and web page). I also agree to have our names and phone number included on a parent phone list sheet for the purpose of informing parents when classes are cancelled etc.

I give Cookie Jar Preschool Personnel permission to call for Emergency Medical attention and/or transportation in the case of a serious injury, accident or medical emergency involving my child. I understand that I will be liable for all costs incurred as a result of this medical emergency or serious injury.

If I choose to allow my child to participate and be involved in any field trips organized by Cookie Jar Preschool staff, I release the Cookie Jar Preschool from any liability incurred as a result of my child's or my own involvement in this activity. I acknowledge that I am responsible for the transportation of my child to and from ALL field trips.

I agree to pay all tuition fees for the 2025/2026 school year in advance by post dated cheques dated the first of the month in which they are due or via e-transfer on the 1st of the month. I understand that if my fees are determined to be in arrears and I have not made any effort to remedy this financial situation in a timely manner as determined by the Cookie Jar Preschool Board, my child will be withdrawn from the program immediately.

I agree to pay any service charges or levies incurred by Cookie Jar Preschool as a result of my cheque being returned to the centre as N.S.F. I understand that I must rectify the N.S.F. cheque and any service charges incurred by cash within one week of my being notified of this matter. I agree that failure to rectify this situation in a timely manner (one week) unless other arrangements have been made with Cookie Jar Preschool Board will result in my child's withdrawal from the program.

I agree that the information I provided on these registration forms is accurate to the best of my knowledge. I agree to have pictures of my child used for the expressed use of Cookie Jar Preschool

Facebook ☐

Web Page ☐

Parent/Guardian Signature: **Date:**

Application date: _____ Complete admission date: _____

Start date: _____ End date: _____

PORTABLE EMERGENCY CONTACT CARD

Full Name: _____
Physical Address: _____
_____
Class: _____

DOB: _____ AHC: _____
FAMILY DOCTOR: _____
CLINIC ADDRESS: _____
ALLERGIES: _____
MEDICAL CONCERNS: _____
MEDICATIONS/HEALTH CONCERNS_____

IMMUNIZATIONS UP TO DATE:
___ YES ___NO

HOSPITAL: 403-845-3347 **CLINIC** 403-845-2815 **COMMUNITY HEALTH**: 403-845-3030

Parent/Guardian Name	
Physical Address	
Cell	
Work	
Home	
Parent/Guardian Name	
Physical Address	
Cell	
Work	
Home	
#1 Emergency Contact Name	
Physical Address	
Cell	
Work	
Home	
# 2 Emergency Contact Name	
Physical Address	
Cell	
Work	
Home	
PARENT/GUARDIAN SIGNATURE	
ADDITIONAL INFO	

Please list persons whom your child may be released to in case of emergency. NOTE: These persons must be local in order to attend promptly. List BLUE SIGN if rural address is provided.

***FORM MUST BE COMPLETED IN FULL AND RETURNED PRIOR TO CHILD ATTENDING CLASS AS PER LICENSING! ***

Cookie Jar Preschool
4604 49 Ave,
Rocky Mountain House, AB
T4T 1E1
403-845-7600

MEDICATION CONSENT FORM AND RECORD SHEET

Name of child: _____ AHC: _____

Date: _____Class: _____

I: To be completed by child's parent or guardian.

I, _____ [parent or guardian's name], give permission for _____ [child's name] to be given the following medication by Cookie Jar Preschool staff according to instructions stated below.

Parent/guardian's signature:

_____

Name of medication:

_____

_____

_____

Amount(s) to be given:

_____

Dates(s) to be given [at child care]:

_____

_____

_____

Time(s) to be given:

_____

_____

_____

Special instructions:

_____

_____

_____

Storage Instructions:

_____

Start Date: _____

End Date:_____

My child received _____ [number of doses] at home.

Are there any possible side effects from the medication? Please specify:

_____

_____

Stop medication if the following reaction(s) is observed:

_____

_____

_____

II: To be completed by preschool staff when the medication is given

STUDENT: _____

Date	Time(s)	Amount	Given by (Name)	Initials

COMMENTS:

_____

_____

_____

_____

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4604 49 Ave,
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T4T 1E1
403-845-7600

FORMAL REQUEST TO CHANGE REGISTRATION

I, _____, (name of parent/guardian) am formally requesting to (check which applies):

- Withdraw
- Amend enrollment to the following class times:
  - Tuesday AM 9am-12pm
  - Wednesday AM 9am-12pm
  - Thursday AM 9am-12pm

for my child _____ (name of student registered) with changes becoming effective as of _____ (date for which you would like this change to occur).

I understand that the above request must be approved by the Registrar in writing prior to the change occurring and any adjustments being made to fees.

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

☐ APPROVED

☐ NOT APPROVED

REGISTRAR SIGNATURE: _____

DATE: _____