



Thank you for choosing Active Explorers sports integrated preschool. We look forward to a wonderful year of learning with your child. If there is an item that doesn't pertain to your child please mark N/A.

Program Choice

Child's Name: _____ Gender: M/F Age: _____

Monday/Wednesday

<input type="checkbox"/> Mini Explorers 3 year-olds	9:00 - 11:45 5.5 hours/per week	\$241.00/month (\$90.00 registration fee - admin, gym insurance, extra programs)
<input type="checkbox"/> Junior Explorers (mixed ages)	12:15 - 3:15 6 hours/per week	\$252.00/month (\$90.00 registration fee - admin, gym insurance, extra programs)

Tuesday/Thursday

<input type="checkbox"/> Explorers 1 4 year-olds	9:00 -12:00 6 hours/per week	\$252.00/month (\$90.00 registration fee - admin, gym insurance, extra programs)
<input type="checkbox"/> Explorers 2 4 year-olds	12:30 - 3:30 6 hours/per week	\$252.00/month (\$90.00 registration fee - admin, gym insurance, extra programs)

**Please note all children must be fully potty trained and three years old by September 1, 2020. Children must be 3 years by June 1 2020 to register in the mixed age class. Children must be 4 years by September 1, 2020, to register in the Explorer classes.

Due at the time of registration: completed registration form, a non-refundable administration fee, 1/2 of the June tuition, and 10 postdated cheques for September 2020 – June 2021. *Note: cheques should be made payable to Active Explorers Inc. and post-dated for the 1st of each month.

Tuition is based on the entire September to June school year and has been divided into 10 equal monthly payments. (Please see attached school calendar for holidays and professional development days).

Returning Families: Please drop off your child's completed registration form, deposit and post-dated cheques to the school by Friday, January 24th.

New Families: Please drop off your child's completed registration form, deposit and post-dated cheques to the school (11166 – 42nd Street SE) on Friday January 24th or Friday January 31st between 1:00 – 3:00. Your deposit will only be cashed when a spot has been secured. Please remember classes are filled on a first come first serve basis.

Withdrawal: 30 days' notice is required for withdrawal. Written notice must be provided before the first of the month. For example, if you are leaving on December 7th, notice must be provided by November 1st. The initial deposit is completely non-refundable. June payment is fully refundable when one months' notice is given.

Date: _____

Guardian Signature: _____

Enrolment Form

Child's First Name: _____

Child's Last Name: _____

Male: ___ Female: ___ Date of Birth: Month ___ Day ___ Year ___

Home Phone Number: _____

Child's Address: _____

City: _____ Postal Code: _____

Child's first language: _____ Child's second language: _____

Parent Contact Information:

1. PARENT/GUARDIAN _____

Address (If different from child's) _____

Place of Work: _____

Phone Number (Home) _____ (Work) _____

(cell) _____ Email _____

2. PARENT/GUARDIAN _____

Address (If different from child's) _____

Place of Work: _____

Phone Number (Home) _____ (Work) _____

(cell) _____ Email _____

Emergency Contact Information:

Emergency Contacts – Please provide us with two people who can be contacted in case of emergency or illness if we were unable to reach you.

Contact 1: _____ Relationship: _____

Address: _____ Postal Code: _____ Phone: _____

Contact 2: _____ Relationship: _____

Address: _____ Postal Code: _____ Phone: _____

Persons authorized to pick-up child (other than parents).

Name: _____ Phone: _____

Name: _____ Phone: _____

Signature of Parent/Guardian: _____

Medical Record:

Alberta Health Card Number: _____

Doctors Name: _____ Phone #: _____

Allergies: _____

- Reaction: _____
- Treatment: _____

Immunizations: Yes/No If No, please explain (health, choice...)

Medications:

Only emergent medications will be administered at preschool. All medications must be in the original container with the original label stating how much, when and how to administer the medication.

Medication and instructions:

Food Restrictions:

Is there any other information we should know about your child?
Relevant Health - (Past/Present)?

Date: _____ Parent/Guardian Signature: _____

Media Consent:

I give permission for Active Explores to take photographs/videos of my child _____, for use in the classroom or for purpose of advertising and publishing on websites and brochures. I also give permission for my child's picture to be taken at special events by other parents.

Parent Signature

Date

Off Premises Consent Form

Child's First Name _____ Child's Last Name _____

The above named child has my permission to leave the school premises under the supervision of Active Explorers Inc. staff for nature walks and outings to local community businesses. For all of these off premises activities, the mode of transportation used will be walking only. I understand that my child will be supervised at all times and that regulated staff/child ratio will be maintained at all times.

I understand that there are risks associated with the activities named above. In case of accident or any personal injury of the above named child, I hereby release and discharge Active Explorers Inc. or any of its directors, teachers, employees or parent volunteers, from any claims, actions and causes of action arising from any accident or loss caused by the participation of the child named above during any activity held at this location, or during any off-premises outing or at any location where the program is held, or on route to/from any activity.

Any other special excursions that rely on alternative transportation will require a separate consent form to be filled out and signed before the planned special excursion.

Parent/Guardian

Signature _____ Date _____

Parent/Guardian

Signature _____ Date: _____

Participant Waiver

RELEASE OF LIABILITY/ASSUMPTION OF RISK: BY SIGNING THIS DOCUMENT YOU WILL WAIVE OR GIVE UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE OR CLAIM COMPENSATION FOLLOWING AN ACCIDENT

Child's Name	Child's DOB	Child's Gender
Address	City	Province
Postal Code	Parent/Guardian Name:	Telephone
Emergency Contact	Emergency telephone #	

I am aware the gymnastics activities involve inherent risks that are associated with unique movements and skills executed on specialized apparatus (trampoline, bars, inclines, beam). I understand that personal harm or injury may be sustained during my child's involvement in the Activities, including, but not limited to, broken bones, head / neck injuries, concussion, dislocations, tendon and ligament damage (including sprains), damage to teeth and dental work, internal injuries, bruises, strains, lacerations, spinal injuries (that could result in various degrees of paralysis), brain injury and death. I acknowledge and assume the potential risks and consent to my/my child's participation in the ACTIVITIES.

- I/my child have/has been informed that he/she is to abide by the rules, directions and instructions from coaches and supervisors while participating in the gym.
- In the event that my child fails to abide by the rules and regulations of the gym he/she will not participate in the activities and/or parents will be contacted for immediate pick-up.
- I acknowledge that my child is in proper physical condition to participate in gymnastics related activities. I am responsible to notify the teacher of any physical/mental concerns, which may affect my child's participation in the activities.
- I acknowledge that the activities may require a coach to perform manual spotting that involves direct physical contact with my child and is designed to assist the participant in the safe performance of the skills.

I confirm that I have read the above description of risks and understand the risks involved in participating in the preschool's programs and ACTIVITIES. I confirm that I voluntarily and freely accept all such risks and choose to participate/allow my child to participate in the preschool's programs and ACTIVITIES. I accept full responsibility for my own/my child's actions.

In consideration of being allowed to participate in the Preschool's programs and ACTIVITIES, I hereby agree as follows:

TO WAIVE ANY AND ALL CLAIMS that I have or may in the future have against THE RELEASEES, and TO RELEASE THE RELEASEES from any and all liability for any loss, damage, expense or injury including death that I/my child may suffer, or that my next of kin or my child's next of kin may suffer, as a result of my use/my child's use of or my/my child's presence on the preschool's premises DUE TO ANY CAUSE WHATSOEVER, INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, INCLUDING ANY DUTY OF CARE OWED UNDER THE OCCUPIERS LIABILITY ACT, R.S.A. 2000, c. o-4 ON THE PART OF THE RELEASEES. I UNDERSTAND THAT NEGLIGENCE INCLUDES THE FAILURE ON PART OF THE RELEASEES TO TAKE REASONABLE STEPS TO SAFEGUARD OR PROTECT ME/MY CHILD FROM THE RISKS, DANGERS AND HAZARDS REFERRED TO ABOVE.

AUTHORIZATION OF FIRST AID IN CASE OF EMERGENCY AND INDEMNIFICATION OF COSTS:

I hereby authorize basic first aid to be delivered to me/my child by the preschool's staff or other authorities. By administering first aid when required or requested, Active Explorers Inc. in no way warrants or assumes any liability in relation to the administration of such basic first aid.

I further understand and agree that, in the case of an emergency, the preschool assumes no responsibility or obligation relative to any cost or expense related to carrying out an emergency procedure and/or emergency transportation for me/my child and I agree to pay for such costs and expenses and shall indemnify and reimburse the preschool for any such costs or expenses that it incurs. I confirm and agree that this agreement shall be governed by the laws of the Province of Alberta. I confirm and agree that if any portion of this agreement is found to be void and unenforceable, the balance, notwithstanding, shall continue in full force and effect.

I CONFIRM THAT I HAVE READ AND UNDERSTAND THIS LEGAL AGREEMENT, I AGREE TO BE BOUND BY ITS TERMS, AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS AGAINST THE PRESCHOOL INCLUDING THE RIGHT TO SUE OR CLAIM COMPENSATION FOLLOWING AN ACCIDENT.

Signed this _____ day _____, 20____ at _____

Signature of Parent/Guardian

Signature of Witness