



Preschool Registration Form

2024-2025

107, 20 Inverness Square SE Calgary, AB. T2Z 2V6
PH# 403-236-8800

Tiny Towne Schoolhouse (TTSH) Preschool program is designed for children, focusing on each child's developmental needs.

***All Payments will be made through a Pre-Authorized Debit Agreement (PAD) – form on last page**

June 2025 Payment must be paid in advance (one payment on June 1st, July 1st or Aug 1st 2024)

- All payments will be withdrawn on the 1st of every month.
- All NSF cheques/payments will be subject to a \$25 processing fee – This will be debited from your bank account including any outstanding preschool fee. An email will be sent to you, to confirm the date and the amount of the withdrawal.

WITHDRAWAL PROCESS: The June 2025 Tuition Payment which will be withdrawn June 1st, 2024 will be refunded in compliance with the following terms:

- A written withdrawal letter must be received **on or before the 1st of the month (with a minimum of 30 days notice) – NO Exceptions.**
- Written notice must be received at the administration office by email to Sue Poole at spoole@tinytowne.ca or sue@imforkids.org or by letter addressed to Sue Poole.

ALL Registrations and PAD Agreement must be completed, signed and emailed to spoole@tinytowne.ca or sue@imforkids.org

PROGRAM TIMES and FEES:

Registration/Supplies Fee - \$90 (Non-Refundable) Will be pre-authorized debit (PAD) payment taken within 5 working days. Once registration fee received, notification will be emailed to confirm your child's registration.

NOTE regarding MONTHLY FEES: *the Fees posted reflect the Preschool Government subsidy of \$75. If the Government removes this subsidy, please add \$75.00 to the total monthly fee withdrawal.*

**Parent Subsidy Guide & Application Link: <https://www.alberta.ca/child-care-subsidy.aspx>

***2024-2025 START DATE* - Staggered Entry: Tuesday & Wednesday September 3rd & 4th, 2024
- Regular Classes Begin: Thursday & Friday September 5th & 6th, 2024**

Monday/Wednesday/Friday (3 day program)	Tuesday / Thursday (2 day program)	Monday to Friday (5 day program)
8:30-11:30am 12:15-3:15pm	8:30-11:30am 12:15-3:15pm	8:30-11:30am 12:15-3:15pm
\$244 per month	\$180 per month	\$490 per month



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Preschool Program (Please check one)	2 Day <input type="checkbox"/>	3 Day <input type="checkbox"/>	5 Day <input type="checkbox"/>	AM <input type="checkbox"/>	Registration Date:
	(T/Th)	(M/W/F)	(Mon – Fri)	PM <input type="checkbox"/>	

CHILD INFORMATION

CHILD NAME: (First and Last)					
Birthdate (mon/day/year)				Birth Certificate (copy provided)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Unidentified <input type="checkbox"/>	Alberta Health Care Number	
Child's Address: (Include postal code)					
Doctor/Pediatrician Name:				Phone #:	

PARENT(s) / GUARDIAN (s) INFORMATION - Please Print (if manual)

Main Contact Name:			Alt. Contact Name:		
Home address:			Home address:		
	Enter - If different from child			Enter - If different from child	
City & Postal Code			City & Postal Code		
Phone #			Phone #		
Email:			Email:		
Employer Name:			Employer Name:		
Employer Phone #			Employer Phone #		

ALTERNATIVE "PICK UP" Person (ex. Grandparent, nanny, neighbour)

Name & Relation:			Phone #	
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MANDATORY EMERGENCY Contact --- Can NOT be a Parent who lives with the child *Contact Person must live within immediate driving distance for Emergency Pick up*

Name:			Relationship	
Address:				
Phone #:			Work/Alt #:	



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HEALTH INFORMATION	
List any allergies your child has, briefly describing typical reactions (ex. Bee stings, food, etc.).	
Briefly describe:	
Does your child require an Epi-pen? NOTE: Epi-pens MUST NOT be expired	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there any health problems that could pose an emergency? (ex. Diabetes, epilepsy)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Briefly describe:	
Does your child require any regular medication(s)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Briefly describe:	
Any other medical concerns that the school should be aware of?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Briefly describe:	
Relevant Past and/or Present medical history:	
Briefly describe:	

NOTE: TTSH staff will not administer any medications that have expired or without pharmacy instructions from the doctor.
* Please Label medication with **photograph** of child and child's name

IMMUNIZATION INFORMATION	
I understand my child, _____ (<i>print child's name</i>), is attending a program where he/she may come into contact with other persons carrying a communicable disease.	
<i>**I do NOT hold Tiny Towne Schoolhouse liable for my child being exposed to any communicable disease during program hours.</i>	
Parent(s)/Guardian(s) Name: (please print)	Parent(s)/Guardian(s) Signature:
Has your child received any immunization(s)?	Yes <input type="checkbox"/> No <input type="checkbox"/> Chose NOT to <input type="checkbox"/>
Is your child's immunization record up to date?	Yes <input type="checkbox"/> No <input type="checkbox"/>

ADDITIONAL CHILD INFORMATION	
Do you have any of the following concerns regarding your child?	
Hearing:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Vision:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has your child previously attended a Preschool or Daycare?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has your child received any Intervention Services? (Either privately or through AHS)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you interested in having your child screened by I'm for Kids Team for Speech and Language?	Yes <input type="checkbox"/> No <input type="checkbox"/>



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PERMISSION FORM	
I give Tiny Towne Schoolhouse permission to Photograph my child and display/ use the photograph for classroom activities.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I give Tiny Towne Schoolhouse permission to Video during classroom activities for the exclusive use in the school.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I give Tiny Towne Schoolhouse permission to Display my Child's Work in the classroom for the other parents/staff/outside visitors to view.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I give Tiny Towne Schoolhouse permission to use photographs of my child on the Tiny Towne Schoolhouse Website .	Yes <input type="checkbox"/> No <input type="checkbox"/>

PERMISSION – PROGRAM ENHANCEMENT	
For purposes of program enhancement , I give Tiny Towne Schoolhouse permission to walk my child to and from outside activities within the surrounding area during regular class time. All such activities will be with the correct ratio supervision of a minimum of 1:12 adult/child ratio.	
Gazebo area across from Tiny Towne, including sidewalks and grassy areas located on Inverness Square SE. Activities there can include walking, game playing, chalk, bubbles, collecting nature items, parachute games and watching music concerts at the gazebo performed by band students.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Toddler play park and field located at the intersection of Inverness Park SE and Inverness Drive SE. Activities there can include walking to and from the park, bubbles, chalk, collecting nature items, play with soccer/ footballs, scavenger hunt for various items, and parachute games.	Yes <input type="checkbox"/> No <input type="checkbox"/>

MEDICAL and MEDICAL TRANSPORTATION AUTHORIZATION ACKNOWLEDGMENT	
In the case of a MEDICAL EMERGENCY , I hereby authorize the classroom personnel to call for immediate medical assistance (eg. Medical Centre or 911).	
In the event Tiny Towne Schoolhouse incurs a charge for MEDICAL TRANSPORTATION (ambulance) for your child, you will be responsible for the cost.	

PARENT / GUARDIAN ACKNOWLEDGMENT – FOR ABOVE Permissions and Medical Authorizations			
Parent(s)/Guardian(s) Name: (please print)			
Parent(s)/Guardian(s) Signature:		Date:	

TRANSITION (to Kindergarten)	
Elementary School Name:	
Home School:	Yes <input type="checkbox"/> No <input type="checkbox"/>



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Pre-Authorized Debit (PAD) Agreement

Child's Name: (First) (Last)	
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1. Parent/Guardian Information

Last Name:		First Name:			
Street Address					
City:		Province:		Postal Code:	
Telephone Number:		Email:			

2. Bank Account Information

Deposit Account Number:		Transit Number:	
Financial Institution Number:			
Financial Institution Name:			

Change in bank account information must be received at least 5 business days before the next debit schedule by email to vschneider@tinytowne.ca

All NSF will be subject to a \$25.00 processing fee. This will be debited from your bank account including any outstanding preschool fee. An email will be sent to you, to confirm the date and the amount of the withdrawal.

3. Pre-Authorized Debit (PAD) Details

You, the Payor, authorize Tiny Towne Schoolhouse Corp. to debit the bank account identified above for **\$90.00 registration fee**, when we receive a completed registration form.

You, the Payor, authorize Tiny Towne Schoolhouse Corp. to debit the bank account identified above for \$ _____ on the 1st of every month from September to May. Deposit for June 2025 preschool fee will be debited from your account on June 1st 2024.

This authorization is to remain in effect until May 2025 unless Tiny Towne Schoolhouse Corp. has received written notice of cancellation. This notice must be received at least 30 days before the next debit is scheduled at the address #107, 20 Inverness Square SE, Calgary, AB. T2Z 2V6 or by email to spooler@tinytowne.ca or vschneider@tinytowne.ca. For more information on your right to cancel a PAD Agreement, contact your financial institution or visit www.cdnpay.ca

Name:		Signature of Account Holder		Date:	
Name:		Signature of Joint Account Holder (if applicable):		Date:	

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca.