

---

## ADMISSIONS APPLICATION PROCESS

---

Welcome to Preschool Scholars! We're excited that you're considering our preschool for your child. Please follow the steps below to complete the admissions process.

### Step 1: Initial Inquiry

- Please visit the Preschool Scholars website and then contact us directly to inquire about availability and to learn more about our program.

### Step 2: Schedule a Tour

- To understand more about our preschool program, parents are invited to schedule an in-person tour with their child. This is a great opportunity to ask questions and meet our team. Please contact the director at (780)699-1235 to schedule a tour.

### Step 3: Submit an Application

- Complete the Preschool Scholars Enrollment Application form.

### Step 4: Pay Registration Fee

- A non-refundable registration fee of \$100 is required to secure your child's spot at Preschool Scholars. This fee covers administrative costs and materials.

### Step 5: Review of Application

- The Preschool Scholars administration team will receive the submitted application and ensure all documentation is complete. Parents will be contacted for any additional information if needed.

### Step 6: Confirmation of Enrollment

- Once the application is approved, parents will receive a confirmation by phone or email.

### Step 7: Submit Required Documents

- Return the following documents before your child's start date:
  - Completed Enrollment Agreement
  - A copy of your child's Birth Certificate
  - Your child's most recent Immunization Records
  - A copy of Child Custody Agreement papers (if applicable)

### Step 8: First Day of School

- Once all forms and fees are completed, your child will be ready for their first day at Preschool Scholars. We will send reminders and updates as your child approaches their start date.

---

## CHILD ENROLLMENT FORM

---

Child's Full Name \_\_\_\_\_

Child's Preferred Name \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_ Gender: ☐ Male ☐ Female

Start Date \_\_\_\_\_

### ADDRESS

Home Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_ Cell Number \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Alternative Number \_\_\_\_\_

Personal Email Address \_\_\_\_\_

**NOTE:** Each child will have their own enrollment form and policy agreement

### PARENT/GUARDIAN 1

Full Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_

Occupation \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Parent Email \_\_\_\_\_

Is there a custody agreement in place? ☐ YES ☐ NO (If yes, please provide a copy)If yes, please describe custody/living arrangements:  
\_\_\_\_\_

### PARENT/GUARDIAN 2

Full Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_

Occupation \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Parent Email \_\_\_\_\_

### DOCTOR'S INFORMATION

Doctor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Child's Allergies/Medical Conditions \_\_\_\_\_

---

**AUTHORIZATION FOR PICKUP**

Please provide the contact details of people you authorize to remove your child from the Centre. Please remind those listed below to bring an official government issue I.D. when collecting your child.

Full Name \_\_\_\_\_

Relationship \_\_\_\_\_

Cell Number \_\_\_\_\_

Home Number \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Full Name \_\_\_\_\_

Relationship \_\_\_\_\_

Cell Number \_\_\_\_\_

Home Number \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Please provide the details of persons to contact in the event of an emergency, if the parents/guardians cannot be reached. By listing the contacts below, you are also authorizing those below to remove your child from the Centre in the event of an emergency. **A minimum of 1 emergency contact is mandatory.**

☐ Check here if the emergency contact(s) are the same as the person with permission to remove your child from the Centre. The emergency contacts listed must be someone other than the parents.

**Emergency Contact 1**

Full Name \_\_\_\_\_

Relationship \_\_\_\_\_

Cell Number \_\_\_\_\_

Home Number \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

**Emergency Contact 2**

Full Name \_\_\_\_\_

Relationship \_\_\_\_\_

Cell Number \_\_\_\_\_

Home Number \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Who will usually be dropping off and picking up your child? \_\_\_\_\_

**I attest, to the best of my knowledge, to the accuracy of information above.**\_\_\_\_\_  
**Parent/Guardian's Signature**\_\_\_\_\_  
**Date**\_\_\_\_\_  
**Print Name**

## CLASS AND FEE SCHEDULE

### Preschool Monthly Fee Schedule September 2026 to June 2027

CLASS (AM OR PM)	REGULAR MONTHLY RATES	MATERIAL FEES (ONE-TIME FEE FOR THE YEAR)
2 days	\$195.00	\$295.00
3 days	\$305.00	\$345.00
5 days	\$510.00	\$395.00

Registration fee	\$100.00
------------------	----------

- The registration fee is due upon registration.
- The \$100 Affordability Grant has been applied to the Regular Monthly Rate.
- Sibling program: If there are two or more siblings in the program, we will waive one of their registration fees.
- All tuition fees are [tax deductible](#) as we are a licensed childcare provider.

#### AM

Indicate your 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> choices

_____ 2 Day AM	Tues, Thurs	9:00 AM to 11:30 AM
_____ 3 Day AM	Mon, Wed, Fri	9:00 AM to 11:30 AM
_____ 5 Day AM	Mon - Fri	9:00 AM to 11:30 AM

#### PM

Indicate your 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> choices

_____ 2 Day PM	Tues, Thurs	1:00 PM to 3:30 PM
_____ 3 Day PM	Mon, Wed, Fri	1:00 PM to 3:30 PM
_____ 5 Day PM	Mon - Fri	1:00 PM to 3:30 PM

- **Junior Scholars Program:** 2 Days/Week classes are recommended for students 3-4 years old.
- **Senior Scholars Program:** 3 Days or 5 Days/Week classes are recommended for students entering Kindergarten in September.
- **Advanced Scholars Program:** 5 Days/Week program recommended for advanced learning and for students seeking entry into an academic program.

\*Fees are reviewed annually and are subject to change each year.

---

## PARENT/GUARDIAN AGREEMENT

---

Child's Name: \_\_\_\_\_

1. I am required to pay a non-refundable registration fee of \$100.00 and a materials fee per child, to cover the cost of supplies, annually. \_\_\_\_\_
2. Upon arrival, I will ensure contact is made with staff when dropping off and picking up my child. \_\_\_\_\_
3. If someone other than the parent/guardian is picking up my child, I will provide written consent so that you may release my child into the appropriate care. \_\_\_\_\_
4. Due to licensing regulations, we cannot bring our child into class prior to the designated class start times. \_\_\_\_\_
5. I give permission for my child to participate in neighbourhood walks and outings during their attendance at **Preschool Scholars**. \_\_\_\_\_
6. If my child takes part in field trips, I will be notified in advance and fees may apply. \_\_\_\_\_
7. If my child has any signs of communicable diseases, I agree to immediately collect my child from the Centre. If a parent/guardian cannot be reached, I understand the emergency contact will be contacted. \_\_\_\_\_
8. In the event of an emergency medical situation, I grant permission to the Director or Staff to apply first aid and/or obtain medical care for my child and then be contacted. I will not hold the Centre liable for taking such action. \_\_\_\_\_
9. I agree to give **one month's written notice** of termination. If I do not provide one month's notice, I understand that I will be charged a fee equivalent to one month's childcare fees. This notice also applies to any changes made to my child's schedules. \_\_\_\_\_

10. I understand that payment is required either by submitting 10 post-dated cheques or by paying the full year's fees upfront. \_\_\_\_\_

11. I agree to pay the full monthly fees regardless of days missed for vacation or illness or for days the Centre is closed. Additionally, there are no refunds for the aforementioned. The monthly fee covers both actual care and the guaranteed space. Absence for different circumstances are expected and have already been taken into consideration when the fees were set. Part-time children who attend in excess of enrolled days will be charged based on drop in fees for additional time. Fees are non-refundable, despite the circumstance. \_\_\_\_\_

12. Should a payment be returned for any reason, I agree to pay the past due amount (and pay the N.S.F. charge of \$50) within the same month. \_\_\_\_\_

13. **Preschool Scholars** is not responsible for lost or stolen articles. \_\_\_\_\_

I have read and understand all of the above agreement indicators.

---

Parent/Guardian's Signature

---

Date

---

## YOUR CHILD'S HEALTH

---

Child's Name: \_\_\_\_\_

1. Does your child have any health conditions we should be aware of (e.g., allergies, asthma, epilepsy, diabetes, hearing/vision impairments, emotional disabilities, etc.)?

YES ☐ NO ☐

If yes, please specify and provide any relevant care instructions:

\_\_\_\_\_

2. Does your child have any long-term medical conditions or require long-term medication?

YES ☐ NO ☐

If yes, please specify the condition, medication, and any instructions for care:

\_\_\_\_\_

3. Is your child currently taking any medication that staff may be required to administer during school hours?

YES ☐ NO ☐

If yes, please specify the medication, dosage, and times it must be administered:

\_\_\_\_\_

NOTE: A doctor's note and written instructions are required for any medication that needs to be administered by Preschool Scholars staff.

4. Has your child had any serious illnesses, surgeries, or injuries that we should be aware of?

YES ☐ NO ☐

If yes, please provide details and any necessary precautions:

\_\_\_\_\_

5. Does your child have any known allergies?

YES ☐ NO ☐

If yes, please specify the allergy, severity, and treatment plan – example Epi-Pen:

\_\_\_\_\_

6. Are there any special dietary requirements or restrictions for your child?

YES ☐ NO ☐

If yes, please provide details:

\_\_\_\_\_

7. Are your child's immunizations up to date?

YES ☐ NO ☐

NOTE: If yes, a photo of your child's immunization records must be submitted by text or email at the time of registration.

8. Does your child experience any frequent health issues?

---

9. Does your child have any special needs (e.g., physical, social, emotional, intellectual, behavioral) that may affect their care or experience in an educational setting?

YES ☐ NO ☐

If yes, please explain and provide any relevant support strategies:

---

10. Does your child have any speech or language delays, or receive speech support?

YES ☐ NO ☐

If yes, please explain: \_\_\_\_\_

11. What type of kindergarten program are you planning for your child?

☐ Regular kindergarten program

☐ Academic/enriched kindergarten program

☐ Private kindergarten

☐ Undecided

☐ Other: \_\_\_\_\_

---



---

## APPROVAL FOR PHOTOS

---

Parent/Guardian's Name \_\_\_\_\_

Child's Name \_\_\_\_\_

**APPROVAL FOR PHOTOS/PARENT GUARDIAN RECORDING RELEASE FORM**

I hereby give permission to the staff of Preschool Scholars to take photos and videos of my child within the childcare setting during daily activities, special events, or field trips. I understand that these photos and videos may be displayed within the centre. Additionally, I acknowledge that these photos or videos may be used on the Preschool Scholars' website, shared with parents as updates, or shared or posted on our social media platforms. I understand that this permission covers the duration of my child's enrollment at Preschool Scholars, and that I may revoke this consent at any time by providing written notice.

By signing this form, I acknowledge that I have read and fully understand the purpose of this consent, and I give my permission for the usage of these photos and videos as outlined above.

Parent signature \_\_\_\_\_

Date \_\_\_\_\_

---

## PARENT HANDBOOK POLICIES AND PROCEDURES

---

This is to verify that I have read, understood and agree to abide by the policies and procedures as outlined in **Preschool Scholars** Parent Handbook.

Child's Name \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

How did you hear about us?

☐ Facebook ☐ Instagram ☐ Google ☐ Website ☐ Referral ☐ Road Sign***For Office Only:***\_\_\_\_\_  
Signature\_\_\_\_\_  
Date