

# Registration Package Checklist (To be attached to all applications)

## Mandatory Payments

*\*cheques are made payable to "Baturyn Community Playschool" and must include child's full name on each cheque\**

- \$50.00 Registration Fee**  
(EMT, Cash or Cheque *\*dated for day forms are dropped off to be cashed immediately\**), **\*NON-REFUNDABLE\***
- \$100.00 for Raffle Basket Fundraiser**  
(EMT, Cash or Cheque *\*dated for the day forms are dropped off to be cashed immediately\**)(non applicable if you choose fundraising buyout))
- Cheque for \$250.00 Volunteer Commitment**  
(*not dated*, destroyed upon fulfillment of commitment)

## Raffle Fundraiser Options ( Please Choose 1 Option Below):

- Option 1: Cheque for \$300.00 Fundraising Commitment**  
(*not dated*, destroyed upon fulfillment of commitment of selling raffle tickets)

**OR**

- Option 2: \$400 Fundraising Buyout**  
(EMT, Cash or Cheque *\*dated for the day forms are dropped off to be cashed immediately\**).

## Completed Forms (Please Ensure You Complete All Forms)

- Registration form
- Administration of First Aid form
- Field Trip Form
- Photos Consent Form
- Acceptance of Baturyn Community Playschool Handbook/Policies

## **Additional Items**

- Birth certificate (*To be shown at registration, no copy needed*)
- Community league membership for Baturyn community league or any other community league in which registrant resides

**Please note items marked *\*NON-REFUNDABLE\** will not be returned. Please see parent handbook for more information under Early Withdrawal and Child Guidance Policy for details regarding refunds.**

## **For Board Members Only**

- All cheques have been checked and are correctly filled out
- Monetary donation has been received and labeled with child's name
- All forms have been double checked and are signed and filled out by parent/guardian
- Parent/Guardian has signed up for volunteer commitment

**Please be advised all forms and cheques must be filled out and brought to registration, those parents missing items are not guaranteed to have their spot held.**

## Baturyn Community League Playschool Registration 2026-2027

Please circle the program you wish to enroll in **MWF AM** **TTH** **MWF PM**

Child's First name and Last Name \_\_\_\_\_

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

\_\_\_\_\_ Gender M F Other  
Child's Date of Birth (DD-MM-YYYY)

\_\_\_\_\_ Community League Membership Number

Parent/Guardian #1 Name (First Last) \_\_\_\_\_

Parent/Guardian #2 Name (First Last) \_\_\_\_\_

Parent/Guardian #1 Email Address \_\_\_\_\_

Parent/Guardian #2 Email Address \_\_\_\_\_

\*Emails are used for Parent Teacher communication and school communication only.\*

(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Parent/Guardian #1 Phone Parent/Guardian #2 Phone Additional Alternate phone (Home/Work)

Parent Guardian #1 Address (City/Province/Postal Code) \_\_\_\_\_

Parent/Guardian #2 Address (If different from Parent/Guardian 1) \_\_\_\_\_

### Emergency Contacts

Primary Emergency Contact (Full Name and Relationship) \_\_\_\_\_

Secondary Emergency Contact (Full Name and Relationship) \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Primary Phone Alternate Phone Primary Phone Alternate Phone

### Alternate Pick up Information

Full name and relationship to child \_\_\_\_\_

Full name and relationship to child \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Phone Alternate Phone Phone Alternate Phone

### Medical Information

Please list any allergies, Special Health considerations or dietary restrictions. \_\_\_\_\_

Are your immunizations up to date? Yes No

Parent/Guardian #1 signature \_\_\_\_\_

Parent/Guardian #2 signature \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

## ADMINISTRATION OF FIRST AID

Name of Child: \_\_\_\_\_

Alberta Health Care Number: \_\_\_\_\_

Doctor Name: \_\_\_\_\_

Doctor Phone: \_\_\_\_\_

I (parent/guardian name), \_\_\_\_\_ hereby authorize the teaching staff of Baturyn Community League Playschool to administer Emergency First Aid in the event that my child (child's name) \_\_\_\_\_ is injured.

Further, in the event that an injury occurs that requires immediate medical attention, I (parent/guardian initial):

\_\_\_\_\_ Authorize the removal of my child from Baturyn Community League Playschool and transport to the closest Medical Facility for treatment.

\_\_\_\_\_ Agree to accept full financial responsibility for all fees incurred through the use of the services of an Ambulance for transportation.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## FIELD TRIP CONSENT FORM

I (parent/guardian name) \_\_\_\_\_ hereby authorize the teaching staff of Baturyn Community League Playschool to accompany and supervise my child (child's name) \_\_\_\_\_:

Please check all that apply.

\_\_\_\_\_ At the playground beside the Playschool.

\_\_\_\_\_ Outside the Playschool doors on the property that houses the Community League and Playschool to play outdoor games and create crafts outdoors.

\_\_\_\_\_ On nature walks on and around the property that houses the Community League and Playschool.

\_\_\_\_\_ Gardening on the property that houses the Community League and Playschool.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Please note:

- Form to be placed and held in the registration file.
- Field trips other than the above listed will have a consent form signed prior to the field trip date.

## PHOTO CONSENT FORM

I (parent/guardian name) \_\_\_\_\_ give permission to Baturyn Community League Playschool to photograph or film my child (child's name) \_\_\_\_\_ for the following activities only.

Please check all that apply. Photos may be used for:

- craft activities
- fund-raising activities
- Facebook Page
- scrapbook
- Seesaw app
- Playschool Instagram

Please note:

Any photographs used for Facebook page will remain visible on page unless otherwise requested by parent/guardian

All photographs will be used for these purposes only and not in any other way.

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Parent/Guardian Signature

Date

## FEE SUBJECTIVITY UNDERSTANDING

I, (parent/guardian name) \_\_\_\_\_ understand that the monthly 2025/26 school fees are contingent to the AB Government's implementation and continuation of the 'Affordability Grant'. Any changes or cancellation of the 'Affordability Grant' may result in monetary changes to monthly fees with a 30 day notification from the preschool.

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Parent/Guardian Signature

Date

**Baturyn Community League Playschool 10505 – 172 Ave  
EDMONTON, AB T5X 5V9**

Please Initial

- I have read and understood the Potty Training Policy.
- I have read and understood the Fees and Deposits Payment Policies and Expectations.
- I have read and understood the Expectations of the Fundraising Commitment.
- I have read and understood the Expectations of the Volunteer Commitment.
- I have read and understood the Fee Subjectivity Understanding.
- I have read and understood the Withdrawal and Removal Policy.

**ACCEPTANCE OF ALL OTHER 2026– 2027 BATURYN COMMUNITY PLAYSCHOOL PARENT HANDBOOK/ POLICIES AND PROCEDURES**

*This form must be completed and returned at the time of Registration*

In signing below you are accepting and agreeing to the conditions and terms of Baturyn Community Playschool upon Registration.

Parent/Guardian #1 Name: \_\_\_\_\_

Parent/Guardian #1 Signature: \_\_\_\_\_

Parent/Guardian #2 Name: \_\_\_\_\_

Parent/Guardian #2 Signature: \_\_\_\_\_

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

Child's Birth Date: (month/day/year) \_\_\_\_\_

Child's Current Age: \_\_\_\_\_

Date: \_\_\_\_\_