

SPRINGBANK PLAYSCHOOL ASSOCIATION

C 32224 Springbank Road
Calgary, Alberta T3Z 2L9
Telephone: (403)240-9248

2025-2026 GENERAL REGISTRATION INSTRUCTIONS

Please read the Parents' Primer carefully. The Playschool operates as a parent-run cooperative which means that its success is dependent upon having parent volunteers.

As a parent-run co-operative, it is everyone's responsibility to take a volunteer role to assist with running the playschool. There are different roles varying in time commitment based on your availability. All families are required to identify a preferred volunteer role at the time of registration, roles will be assigned by the Registrar and Volunteer Coordinator within a few weeks of registration.

Age Guidelines: Any child registering for the three (3) year old program must be 3 years of age on or before December 31, 2025. A child who is 2 years old at the start of the school year must be accompanied by an adult at every class until that child's 3rd birthday. Any child registering for the 4-year-old program must be 4 years of age before December 31, 2025. Any child registering for the 4-5 combined class must be 4 years old on or before September 1, 2025. All children must be potty-trained to attend.

Forms and Fees: Fill out the registration form, consent forms and the emergency form completely. If your child takes a prescription medication, please indicate what it is on the emergency contact sheet. In situations when medical attention is needed, this information is required by medical personnel to treat your child appropriately. The non-refundable registration fee is due at the time of registration, via e-transfer to registrar@springbankplayschool.ca.

Birth Certificate: Please enclose a PHOTOCOPY of your child's birth certificate, which will be kept at the playschool in accordance with our licensing requirements. There is a photocopier available at the playschool that you may use if you wish.

Classroom Tours are available by appointment only. Please contact Lauren to arrange a tour 403-992-4775 or email registrar@springbankplayschool.ca.

Please bring your completed forms with your registration fee and copy of the birth certificate to the Playschool on Monday, January 27th, 2024 at 7:00pm. We will accept registration packages on a first-come-first-served basis. If the class in which you wish to register is full, you will have the option of switching to another class or having your name put on a waiting list.

You will be notified of your child's class or place on the waiting list within 2 weeks of registering.

For ongoing registration after registration night please contact the registrar to drop off your forms and complete the registration process. Please contact Lauren at 403-992-4775 or email registrar@springbankplayschool.ca

Thank you for your support! If you have any questions in the meantime, please call or email.

SPRINGBANK PLAYSCHOOL ASSOCIATION

GENERAL REGISTRATION FORM 2025-2026

REGISTRATION CHECKLIST – Please use this checklist to be sure you have completed all forms/requirements

Forms/Requirements	Completed	Internal Use
General Registration Form	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Contact List	<input type="checkbox"/>	<input type="checkbox"/>
Playschool Fees	<input type="checkbox"/>	<input type="checkbox"/>
Affordability Grant Information	<input type="checkbox"/>	<input type="checkbox"/>
Withdrawal Policy	<input type="checkbox"/>	<input type="checkbox"/>
Consent Forms	<input type="checkbox"/>	<input type="checkbox"/>
Assumption of Risks, Consent, Release of Liability, Waiver of Claims and Indemnity Agreement	<input type="checkbox"/>	<input type="checkbox"/>
SPFAS Membership Form	<input type="checkbox"/>	<input type="checkbox"/>
Registration Fee Payment	<input type="checkbox"/>	<input type="checkbox"/>
Volunteer Position Selection	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Birth Certificate	<input type="checkbox"/>	<input type="checkbox"/>

PROGRAM CHOICE:

Please check your order of preference – we reserve the right to cancel classes that do not meet minimum registration numbers

Note: Affordability Grant not applied – Please see Fee Section

_____ 3-year-olds AM	Tues/Thurs	Mornings 8:50-11:05am	\$265/month
_____ 4-year-olds AM	Mon/Wed/Fri	Mornings 8:50-11:05am	\$295/month
_____ 4&5-year-olds PM	Mon/Tues/Wed/Thurs	Afternoons 12:30-2:45pm	\$395/month
_____ 4&5-year-olds PM	Mon/Wed	Afternoons 12:30-2:45pm	\$265/month
_____ 4&5-year-olds PM	Tues/Thurs	Afternoons 12:30-2:45pm	\$265/month

We follow the Rocky View School schedule for holidays and non-instructional days: [RVS Dates](#)

* PLEASE NOTE THESE DATES ARE ALL TENTATIVE AND SUBJECT TO CHANGE. FAMILIES WILL RECEIVE ACTUAL DATES CLOSER TO THE START OF THE YEAR

All families are required to take a volunteer role. Please list your top 3 preferences:

1. _____
2. _____
3. _____

How did you hear about us? (Check one): Bold signs _____ Personal Referral _____ Web Search _____ Other _____

Please note that all spaces on this form must be filled out before your registration application will be accepted

FAMILY INFORMATION:

Child's Name:	
Date of Birth:	Gender:
Child's Home Address:	City: Postal Code:
Parent/Guardian:	Parent/Guardian:
Address: (if different than child's)	Address: (if different than child's)
Email address:	Email address:
Home Phone #: Cell #:	Home Phone #: Cell #:
Place of Work:	Place of Work:
Work Address:	Work Address:
Work Phone #:	Work Phone #:
Emergency Contact Name #1	Emergency Contact Name #2
Emergency Contact Address:	Emergency Contact Address:
Emergency Contact #1 Phone #:	Emergency Contact #2 Phone #:

List authorized persons to whom your child may be released (car pools, nannies, etc):	
1.	3.
2.	4.
Name of siblings and ages:	
1.	3.
2.	4.

MEDICAL INFORMATION:

Child's name:	Alberta Health Care #:
Immunization record up to date?:	If not, state reason (i.e. not immunized by parental choice, etc.):
Childhood Illnesses (mark date if child has had any of these):	
Measles (Red)	Head Injury
Rubella (German Measles)	Accidental Poisoning
Chicken Pox	Fracture
Mumps	Ear Infection
Convulsions	Bronchitis
Whooping Cough	Other
Where parents can be reached during school hours:	
List any allergies or recurring medical problems:	
List any diet restrictions required for the child:	
List any medications the child is taking:	
List any fears or phobias (eg. dark, thunder):	
Indicate your child's typical reaction to illness (will she/he tell the teacher?):	
Indicate your child's typical reaction to stress:	
Indicate diseases your child has had if not identified above:	
Additional health information or remarks relevant to your child's health that may be important:	

Signature: _____ **Date:** _____

SPRINGBANK PLAYSCHOOL ASSOCIATION

EMERGENCY CONTACT LIST 2025-2026

Please complete each section in detail, as it is required from our Licensing Authority. This page is kept as a portable record to be used in the event of an emergency i/e building evacuation, and will be taken along for field trips and off-site activities.

Child's Name	Date of Birth
Address	Alberta Health Care No.
Parent / Guardian Names	Parent / Guardian Names
Parent/Guardian Address (if different than above)	Parent/Guardian Address (if different than above)
Home Phone / Cell Phone / Work Phone	Home Phone / Cell Phone / Work Phone

HEALTH INFORMATION

Allergies? Yes/No, and details :
Immunization Current? Yes or No by Parental Choice (please circle)
Ongoing Medications Taken:
Additional Relevant Health Information:

EMERGENCY CONTACTS: Parents may not be used as emergency contacts. Please use contacts who will be available during school hours. Physical addresses are required in case emergency personnel need to meet contacts during school hours.

Emergency Contact #1 Name	Emergency Contact #1 Phone	Emergency Contact #1 Address
Emergency Contact #2 Name	Emergency Contact #2 Phone	Emergency Contact #2 Address

SPRINGBANK PLAYSCHOOL ASSOCIATION

PLAYSCHOOL FEES 2025-2026

All registrants must pay a non-refundable Registration Fee at the time of registration and three School Fee Installments as detailed below. The program runs Sep.–May and follows the [Rocky View School Calendar](#) for holidays and non-instructional days.

Registration fee can be e-transferred to registrar@springbankplayschool.ca at the time of registration.

All 3 school fee installments will be collected via Pre-Authorized Debit (PAD) using [Rotessa](#) as the PAD service provider. You will receive a link to authorize your PAD payments when you are notified of your child's class placement.

3-year-old AM Class & 4-5 year-old PM Class (2 days/week)

Installment	Date	Amount	Notes
Registration Fee (non-refundable)	January 29, 2025	\$100	These installments reflect the fee after the \$100 Affordability Grant is applied. \$265/month - \$100/month for 3 months = \$495.00
#1	August 1, 2025	\$495	
#2	November 1, 2025	\$495	
#3	February 1, 2026	\$495	

4-year-old AM Class (3 days/week)

Installment	Date	Amount	Notes
Registration Fee (non-refundable)	January 29, 2025	\$100	These installments reflect the fee after the \$100 Affordability Grant is applied. \$295/month - \$100/month for 3 months = \$585.00
#1	August 1, 2025	\$585	
#2	November 1, 2025	\$585	
#3	February 1, 2026	\$585	

4/5-year-old PM Class (4 days/week)

Installment	Date	Amount	Notes
Registration Fee (non-refundable)	January 29, 2025	\$100	These installments reflect the fee after the \$100 Affordability Grant is applied. \$395/month - \$100/month for 3 months = \$885.00
#1	August 1, 2025	\$885	
#2	November 1, 2025	\$885	
#3	February 1, 2026	\$885	

We reserve the right to adjust class sizes, change dates and times, and/or cancel classes due to registration numbers

SPRINGBANK PLAYSCHOOL ASSOCIATION

AFFORDABILITY GRANT 2025-2026

Preschool Affordability Grant

Grants will be provided directly to child care operators so they can lower the fees for all families. All of our programs at Springbank Playschool qualify for the grant. It will reduce program fees by **\$100/month** for all families that register. Parents do NOT need to apply to receive this grant fee reduction.

More info here: <https://www.alberta.ca/federal-provincial-child-care-agreement.aspx>

SPRINGBANK PLAYSCHOOL ASSOCIATION **ACKNOWLEDGEMENT OF WITHDRAWAL POLICY 2025-2026**

I, _____ have read and will abide by the terms of the Springbank Playschool Association's withdrawal policy as stated on page 5 of the 2025-2026 Parents' Primer and which provides as follows:

Members may withdraw from the Association by providing 30 days written notice. All refunds will be at the discretion of the Executive, who will have regard to the following policy in assessing each individual situation:

Fees shall be refunded as per the following schedule if the class in which the student was enrolled is at capacity and prospective students have been turned away from that class:

Date Withdrawal Notification Received	Refund
Prior to August 1 st	Full Refund
August 1 st – October 15 th	2/3 Refund (Installments #2 and #3)
October 16 th – February 1 st	1/3 Refund (Installment #3)
After February 1 st	No Refund

Signature: _____ Date: _____

SPRINGBANK PLAYSCHOOL ASSOCIATION
CONSENT FORMS 2025-2026

FIELD TRIP CONSENT FORM:

I, _____ give my consent to the Springbank Playschool Association to have my child, _____ attend and participate in all field trips planned through the Playschool. I understand that the Playschool is not responsible for, nor will the Playschool be liable for, any injury or accident sustained on these field trips. I also understand that I am responsible for withdrawing my child's participation from all field trips which I consider to be dangerous.

Signature: _____ Date: _____

EMERGENCY MEDICAL TREATMENT CONSENT FORM:

I, _____ hereby give my consent to the Springbank Playschool Association to provide and obtain any medical treatment which may be required by my child, _____.

Signature: _____ Date: _____

DISCIPLINE POLICY CONSENT FORM:

I, _____ have read the discipline policy of the Springbank Playschool Association and agree to abide by the policy.

Signature: _____ Date: _____

DROP-OFF AND PICK-UP TIME POLICY FORM:

I, _____ understand that:

All morning classes- drop off time 8:50 am and pick up time is 11:05 am

All afternoon classes- drop off time 12:30 pm and pick up time is 2:45 pm

I understand that early drop-offs and late pick-ups will not be tolerated and may result in expulsion from the Playschool, subject to the discretion of the Playschool Executive.

Signature: _____ Date: _____

WAIVER OF CLAIM AND LIABILITY:

I, _____ hereby waive all legal or equitable claims for injury or accident which I or my spouse may have against Springbank Playschool Association or its teachers or volunteers as a result of such injury or accident to my child, _____.

Signature: _____ Date: _____

CONSENT FOR PHOTOS

At times the teachers will be taking photographs during class and on field trips. These photos may be displayed in the classroom and shared with playschool families through e-mail or in photo books. If the teachers or board of directors need to use photos for any other purposes, such as in a public display or on our web and social media pages, specific permission will be asked at that time.

Signature: _____ Date: _____

IN COMPLIANCE WITH CANADA'S ANTI-SPAM ELECTRONIC COMMUNICATION LEGISLATION (CASL)

I, _____ give Springbank Playschool Association permission to send me information and updates about the playschool program via e-mail, including Alumni communications.

Date _____ Signature _____

SCREENING AND ASSESSMENT

At Springbank Playschool, we highly recommend if you have not already done so, to have your child screened for any speech or fine motor delays. Research shows that early intervention in preschool years translates to higher rates of success in later grades.

We work closely with early education specialists such as Occupational Therapists and Speech Language Therapists to help identify learning needs. If any therapy is needed, it can be done in class, or just outside the classroom, and the process will all be explained to you by the therapist.

Screening is primarily done at the start of the school year in all of the classes.

Details and consent forms will be provided by your child's teacher and the screening agency. If you have any concerns, please discuss at your earliest convenience with the registrar and your child's teacher.

I, _____ have read this screening and assessment section.

Signed, _____ Date _____

CONSENT FOR USE OF PERSONAL INFORMATION

There are some instances where the sharing of the information collected in this registration package will be shared. We will never share your information with third parties or outside organizations. Please see the details of our information sharing policies below. If you DO NOT wish for any of the specified information to be shared for any reason, please do not sign this section and contact the Registrar to discuss

(registrar@springbankplayschool.ca)

Sharing of Information with Teachers

Springbank Playschool employs a teacher and a teaching assistant for each of our programs, and occasionally will employ a substitute teacher as needed. Springbank Playschool Teachers normally have ongoing access to the entire registration package and all information provided within about each student. Springbank Playschool will normally provide the parent/guardian names, phone numbers, mailing addresses, email address, emergency contact information, as well as the student's name, birth date, allergies, medical conditions, special needs, and other family information to the Playschool Teachers in order for the teachers to contact the families and provide proper care to each student. I give permission for the release of the above information to the Springbank Playschool Teachers.

I, _____ voluntarily agree to the sharing of the above described information myself and my child, _____ to the Springbank Playschool Teachers, Teacher Assistants, and substitute teachers.

Signed, _____ Date: _____

Sharing of Information with Parents/Guardians

Springbank Playschool is a parent-cooperative school which relies on parent/guardian involvement within the classroom. Parents/Guardians often get to know the other students in the classroom and on occasion would like to contact other parents to arrange playdates or car pools, and sometimes arrange alternate coverage for volunteer commitments. Springbank Playschool will normally make the student's names, parent/guardian names, email addresses, and phone numbers available to the Parents/Guardians in the SAME CLASS for contact purposes. Springbank Playschool will also make any allergies known to the other Parents in order to ensure the safety of our students. I give permission for the release of the above information to Springbank Playschool Parents/Guardians.

I, _____ voluntarily agree to the sharing of the above described information of myself and my child, _____ to the Springbank Playschool Parents/Guardians in my child's class.

Signed, _____ Date: _____

Sharing of information with Board of Directors

Springbank Playschool has a volunteer Board of Directors which represents the parents and engages in activities of the school. Springbank Playschool will normally make the parent/guardian name, phone number, mailing addresses and e-mail address as well as the student's name, birth date, and relevant health information, available to the Board of Directors for contact and programming purposes. I give permission for the release of the above information to the Springbank Playschool Board of Directors.

I, _____ voluntarily agree to the sharing of the above described information of myself and my child _____ to the Springbank Playschool Volunteer Board of Directors.

Signed, _____ Date: _____

SPRINGBANK PLAYSCHOOL ASSOCIATION

ASSUMPTION OF RISKS, CONSENT, RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

PLEASE READ CAREFULLY! BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS INCLUDING THE RIGHT TO SUE

TO: Springbank Playschool Association ("SPA")

AND TO: Springbank Park for All Seasons ("SPFAS")

Parent or Guardian Name			
Telephone Daytime		Cell Phone	
Email			

Child Name	Age	Sex (m/f)	Medication Condition/Allergies

On behalf of myself, my child(ren) named above (each a "**Participant**"), the Participant's heirs, next of kin, executors, administrators, assigns and legal personal representatives, and in consideration of the Participant's use of the equipment, apparatus, and appurtenances or attendance at the playground located on the premises owned by SPFAS (the "**Activities**") throughout the playschool year from September 1, 2025 to May 31, 2026, I hereby acknowledge and agree as follows:

ASSUMPTION OF RISKS

1. I am aware and understand that parts of the playground located on the premises owned by SPFAS is designed for children who are five (5) and older.
2. I am aware and understand that participating in the Activities exposes the Participant to dangers, risks and hazards, some of which are inherent to playing on any playground, including, but not limited to, property damage, bodily injury, partial or total disability, paralysis, and death caused by:
 - a. falls or collisions, including as a result of the Participant's negligence or the negligence of another person;
 - b. the Participant attempting activities that are beyond the Participant's physical ability and skill level;
 - c. equipment, props, structures, objects, clothing, or other things that may break or fail without warning; and
 - d. negligence on the part of SPA or SPFAS or its representatives, appointees, teachers or volunteers.

3. I understand and acknowledge that no amount of caution, experience and instruction can eliminate all of the risks, dangers and hazards to which the Participant will be exposed in connection with the Activities and I freely accept and fully assume, in my own capacity and on behalf of the Participant, all such risks, dangers and hazards and the possibility of personal injury, death, property damage, paralysis or other damages or loss resulting therefrom.

I further acknowledge and agree:

4. That I have the authority to sign this Assumption of Risks, Consent, Release of Liability, Waiver of Claims and Indemnity Agreement (the "**Agreement**") on behalf of the Participant and that in doing so I am consenting to his/her/their participation in the Activities.
5. TO WAIVE ANY AND ALL CLAIMS that I or the Participant have or may in the future have against SPA, SPFAS and its and their respective directors, executive team, officers, employees, agents, representatives and volunteers (collectively, the "**Releases**") and to release the Releases from any and all liability for any loss, damage, injury or expense that I or the Participant may suffer, or that my or the Participant's respective next of kin may suffer, as a result of the Participant's participation in the Activities, including without limitation, any property damage, bodily injury, partial or total disability, paralysis, death or damage, which arises due to any cause whatsoever, including negligence by any of the Releasees or breach of any statutory, common law or other duty or care on the part of any of the Releasees.
6. TO HOLD HARMLESS AND INDEMNIFY EACH OF THE RELEASES from any and all liability for any damages to the property of or personal injury to any third party resulting from the Participant's participation in the Activities.
7. That this Agreement shall be effective and binding upon me, the Participant and our respective heirs, next of kin, executors, administrators, legal personal representatives and assigns.
8. I am not relying on any oral or written representations or statements made by any of the Releases or anyone else with respect to participation in the Activities.
9. That I have signed this Agreement freely and voluntarily. I have had the opportunity to seek independent legal advice and have either obtained this advice or waived the need for such advice. I understand and intend my signature to be a complete and unconditional release of all liability as set out in this Agreement.

I HAVE READ AND UNDERSTOOD THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT, FROM THIS DAY FORWARD, I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I, ANY PARTICIPANT, AND ANY OF OUR HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS, ASSIGNS OR REPRESENTATIVES MAY HAVE AGAINST SPA, SPFAS OR ANY OF THE OTHER RELEASES.

Date

Parent/Guardian Signature

Parent/Guardian Name (please print)

THIS AGREEMENT MUST BE COMPLETED IN FULL, SIGNED AND DATED BEFORE ANY CHILD MAY PARTICIPATE IN THE ACTIVITIES.

