

# SPRINGBANK PLAYSCHOOL ASSOCIATION

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

## 2024-2025 GENERAL REGISTRATION INSTRUCTIONS

Please read the Parents' Primer carefully. The Playschool operates as a parent-run co-operative 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, 2024. 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, 2024. Any child registering for the 4-5 combined class must be 4 years old on or before September 1, 2024. 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 cheque or e-transfer.

**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 [springbankpsinfo@gmail.com](mailto:springbankpsinfo@gmail.com).

**Please bring your completed forms with your registration fee and copy of the birth certificate to the Playschool on Monday, January 29<sup>th</sup>, 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 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 [springbankpsinfo@gmail.com](mailto:springbankpsinfo@gmail.com)**

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

# SPRINGBANK PLAYSCHOOL ASSOCIATION

## GENERAL REGISTRATION FORM 2024-2025

**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 and Subsidy 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 or Child Care Subsidy applied yet – Please see Fee Section**

_____ <b>3-year-olds AM</b>	Tues/Thurs	Mornings 8:50-11:05am	\$230/month
_____ <b>4-year-olds AM</b>	Mon/Wed/Fri	Mornings 8:50-11:05am	\$260/month
_____ <b>4&amp;5-year-olds PM</b>	Mon/Tues/Wed/Thurs	Afternoons 12:30-2:45pm	\$360/month
_____ <b>4&amp;5-year-olds PM</b>	Mon/Wed	Afternoons 12:30-2:45pm	\$230/month
_____ <b>4&amp;5-year-olds PM</b>	Tues/Thurs	Afternoons 12:30-2:45pm	\$230/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 2024-2025

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.

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

### HEALTH INFORMATION

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

**EMERGENCY CONTACTS:** Parents maybe 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.

<b>Emergency Contact #1 Name</b>	<b>Emergency Contact #1 Phone</b>	<b>Emergency Contact #1 Address</b>
<b>Emergency Contact #2 Name</b>	<b>Emergency Contact #2 Phone</b>	<b>Emergency Contact #2 Address</b>

# SPRINGBANK PLAYSCHOOL ASSOCIATION

## PLAYSCHOOL FEES 2024-2025

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 cheque (payable to Springbank Playschool Association) or e-transfer to [springbankpsinfo@gmail.com](mailto:springbankpsinfo@gmail.com)

All 3 school fee installments will be collected via Pre-Authorized Debit (PAD) using [Rotessa](#) as 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, 2024	\$100	These installments reflect the fee after the \$75 Affordability Grant is applied. \$230/month - \$75/month for 3 months = \$465.00  If your family is eligible for the child care subsidy these amounts will be adjusted. You will pay the full amount until your subsidy application is approved.
#1	August 1, 2024	\$465	
#2	November 1, 2024	\$465	
#3	February 1, 2025	\$465	

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

Installment	Date	Amount	Notes
Registration Fee (non-refundable)	January 29, 2024	\$100	These installments reflect the fee after the \$75 Affordability Grant is applied. \$260/month - \$75/month for 3 months = \$555.00  If your family is eligible for the child care subsidy these amounts will be adjusted. You will pay the full amount until your subsidy application is approved.
#1	August 1, 2024	\$555	
#2	November 1, 2024	\$555	
#3	February 1, 2025	\$555	

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

Installment	Date	Amount	Notes
Registration Fee (non-refundable)	January 29, 2024	\$100	These installments reflect the fee after the \$75 Affordability Grant is applied. \$360/month - \$75/month for 3 months = \$855.00  If your family is eligible for the child care subsidy these amounts will be adjusted. You will pay the full amount until your subsidy application is approved.
#1	August 1, 2024	\$855	
#2	November 1, 2024	\$855	
#3	February 1, 2025	\$855	

**\*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 & CHILD CARE SUBSIDY INFORMATION 2024-2025**

Starting in January 2022, the government is helping reduce fees for parents of children 0 to kindergarten age in 2 ways: See what this means for fees for Springbank Playschool programs below.

### **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 **\$75/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>

### **Preschool Subsidy Program**

**What it is:** Government subsidy program to help with childcare affordability, the pre-school amount is **\$125/month**.

**Who Can Qualify:** Families with an annual combined household income below \$180,000 (there are some employment requirements, full details at link below).

**How to Apply:** Complete the online application listing "Springbank Playschool Association" as the facility: [www.alberta.ca/child-care-subsidy.aspx](http://www.alberta.ca/child-care-subsidy.aspx)

**When to Apply:** Each subsidy starts at the beginning of the month your completed application is received. You can apply as early as one month before your child is starting child care. Ex. start date Sep. 1, apply as early as Aug. 1. We strongly encourage that you apply as soon as possible beginning Aug. 1 as application processing demand will be high in the fall.

**How it Works:** If your child is approved for subsidy, Springbank Playschool will receive the funding directly from the government after confirming monthly attendance in the program, lowering your fees.

**SPRINGBANK PLAYSCHOOL ASSOCIATION**  
**ACKNOWLEDGEMENT OF WITHDRAWAL POLICY 2024-2025**

I, \_\_\_\_\_ have read and will abide by the terms of the Springbank Playschool Association's withdrawal policy as stated on page 6 of the 2024-2025 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:

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

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



**SPRINGBANK PLAYSCHOOL ASSOCIATION**  
**CONSENT FORMS 2024-2025**

**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 class- drop off time 8:50 am and pick up time is 11:05 am  
All afternoon class- drop off time 12:20 pm and pick up time is 2:35 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 recommended 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 ([springbankpsinfo@gmail.com](mailto:springbankpsinfo@gmail.com))

**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 play dates 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, 2024 to May 31, 2025, 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 "**Releasees**") and to release the Releasees 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 RELEASEES 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 Releasees 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 RELEASEES.

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**Date**

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**Parent/Guardian Signature**

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**Parent/Guardian Name (please print)**

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



# SPRINGBANK PARK FOR ALL SEASONS Agricultural Society

32224A Springbank Road, Calgary, Alberta T3Z 2L9 • Tel: (403) 242-2223 Fax: (403) 242-3202

## FACILITY ACCESS FORM

NAME: \_\_\_\_\_

*Last*

*First*

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

ACTIVITY/SPORT: Playschool

CHILDREN:	NAME: _____	YEAR OF BIRTH: _____
	NAME: _____	YEAR OF BIRTH: _____
	NAME: _____	YEAR OF BIRTH: _____
	NAME: _____	YEAR OF BIRTH: _____
	NAME: _____	YEAR OF BIRTH: _____

Should you require information regarding any of these activities, please contact the Administration Office at (403) 242-2223, fax us at 242-3202, or email us at [springbankparks@springbank.ab.ca](mailto:springbankparks@springbank.ab.ca).
