



## Information Sheet

### Registration/Fees

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Registration will open for the 2025/26 school year for currently registered families on December 4, 2024, and previously registered families on December 9, 2024. Registration forms will need to be submitted to the office by no later than January 3, 2025 for priority registration. On January 6<sup>th</sup>, 2025, registration will open to the general public and spots will be filled on a first-come, first-served basis. A non-refundable registration of \$50 is required when handing in forms, and registration will not be processed until it is received. Along with the \$50, please include a direct withdrawal form for all tuition payments. Last month tuition is also due at time of registration, and is refundable until April 30<sup>th</sup>, 2025. After May 1<sup>st</sup>, withdrawal from the program will not get a refund of any kind. **September's payment will be withdrawn September 1<sup>st</sup>, and neither the September, nor June payment are refundable, as they both act as a deposit on the program, and to avoid any fee collection issues in June.** If you are planning to pay for the program in full, please attach your cheque dated September 1, 2025 to the forms. Fees being made monthly will be directly withdrawn on the first of the month, please provide a debit authorization at time of registration. **Please note that registrations forms must have a PAD Agreement, registration fee, and last month's tuition included.** All NSF transactions will have a \$25 charge added to them, and payment will need to be provided in cash or etransfer within 5 business days. If this is not possible, and payment has not been cleared up by the first of the following month, the NSF charge will be increased to \$50. If you foresee financial hardship or difficulty making payments, please notify the office at least 5 days prior to the beginning of the month. If advance notice is not given, we are unable to stop direct withdrawal in our system. You may also pay for the year in full via etransfer to [makinofficemanager@gmail.com](mailto:makinofficemanager@gmail.com)

**Deposit of your registration fee is your confirmation of acceptance into the program, we will only contact you if we need to register you in your second choice or if you are on a waiting list. Info emails regarding startup come out in mid to late August 2025.**

### Program Withdrawal

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After August 1, 2025, if you would like to withdraw your child from the program for any reason, we require 30 days' notice in writing. For example, if you would like to withdraw from the program for December 1<sup>st</sup>, we need to receive your withdrawal notice for November 1<sup>st</sup> or your payment will still be processed.

## **Volunteering**

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We require and value your time in the classroom. With your helping hands, we can be freer to provide individual attention to the children in our classrooms. If everyone signs up, you should only need to come into the classroom once a month. The roster schedule will be posted on the board in the entrance area. If you are unable to accommodate us, please feel free to sign up grandparents or other family members or friends.

## **Calendar**

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Due to our own children being in the catholic school system, we will be following their schedule for school closures. Sorry for any problems this creates, however if we followed both systems, we would have too many days off. A copy of that school calendar will be sent home in September. Please note these days will not be made up. We will not be closing early on Early out Wednesdays.

## **Preschool Closures**

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If the school has to close due to weather, the day will not be made up. Please note the following are weather related reasons we close the preschool standing temperature of -35 (before wind chill), wind chills -37 or below, getting a large accumulation of snow in a short amount of time, or serious tornado warnings. Please also note we are legally obligated to close the school if the power goes out, if it is out for a period of 30 mins or more we will cancel classes (Please note we will be going with the temperature listed by the weather network 1 hour before class start time).

## **Sick Children**

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Please help us stop the spread of infection by keeping sick children home. If your child has any of the following symptoms please do not send them to school; fever, diarrhea, vomiting, undiagnosed rash, an obvious infection, persistent pain or cough. If your child is found to have any of these symptoms at the school, he/she will need to be pick up by a parent/guardian or emergency contact.

## **Snack**

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We have a garbage free snack policy. We ask that you send all your child's snack items, including drink in a reusable container. **Do not send juice boxes.** We will send any unfinished snack home so that you are aware of what your child is eating. This is also because we do not have garbage pick-up, and so cannot take a large accumulation of garbage in the classrooms.

## **Potty Training**

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Children do not need to be completely potty training however you do need to be actively working on it. Children not trained must come in pull-ups. We do not change pull ups. If a child has a bowel movement a parent/guardian will be called. The exception of this policy is the 2 year old program, please ensure there is enough wipes and diapers for us to change them if needed.

## **Assessments**

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Within the first couple of weeks will be sitting down and/or monitoring your children and taking notes on different aspects of their development. There is no need for you to worry about this or try all summer to teach them things. This will only serve to help us get an idea of where your child is so that we can better develop a plan to suit them individually.

More information will be available during the open house days in September. Please feel free to call our office anytime with any questions you have prior.

Lisa Makin & Courtney Kochan, Owners  
A Fairytale Beginning Ltd.

Amy McNeill, Office Manager  
*(In office Mon-Fri, 9:00 AM-5:00 PM)*  
Tel: (780) 912-1167  
E-mail: [makinofficemanager@gmail.com](mailto:makinofficemanager@gmail.com)

**I am ready to register my child for preschool. What do I need?**

- 1) Completed forms (fill in ALL blanks before handing in forms).This includes Alberta Health Care Number as well as a full PHYSICAL address for your alternate emergency contact. These are required by law.
- 2) Attach Pre-Authorized Debit (PAD) Agreement for monthly payments. Post-dated cheques will not be accepted
- 3) Attach cheque for \$50 registration fee plus last month's tuition (can be combined in one cheque)
- 4) Separate cheque for \$50 registration fee for each additional year, if registering for multiple years.
- 5) Outdoor Space Permission form for current year.

**Program Choices**

**Four Year Old Program (4 days)**

*Must be 4 by December 31<sup>st</sup> of that school year (\$2060.00/Year – Installments of \$206.00/month)*

Class #	Class Name	Day	Time
14	St. John XXIII Classroom	Mon to Thurs	8:50-11:20
15	St. John XXIII Classroom	Mon to Thursday	12:15-2:45

**\*ALL CLASSES REQUIRE A \$50 NON-REFUNDABLE REGISTRATION FEE\***

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

**2025/2026 School Year** \_\_\_\_\_

Class Choice #1: \_\_\_\_\_

Class Choice #2: \_\_\_\_\_

- Attach \$50 registration fee plus first month's tuition.

Student Information

Child's Full Name: \_\_\_\_\_ MALE / FEMALE

Date of Birth: \_\_\_\_\_ Age as of Dec. 31, 2025: \_\_\_\_\_

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

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

Phone #: \_\_\_\_\_ Alberta Health Care #: \_\_\_\_\_

Parent 1 Name: \_\_\_\_\_

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

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

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Provide ONE contact email address: \_\_\_\_\_

Alternate Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

**(Alternate emergency contact is someone other than parent or guardians, must provide physical address, NO PO Box Numbers)**

Please list the name of anyone authorized to pick up your child. Please think of anyone who you would think to send if you had an emergency. Your child will not be released to anyone if they are not on this list. Please note they will be required to provide photo ID.

Allergies: \_\_\_\_\_  
\_\_\_\_\_

Are your child's immunizations up to date? \_\_\_\_\_

Any other health concerns we should be aware of? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**By signing below, applicant agrees to abide by policies listed in the attached information sheet, including understanding and acceptance of the cancellation policy.**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Permission to take pictures in class – these pictures are for internal use only, photos will not be provided to media without prior consent:**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Permission to Use Outdoor Space

Throughout the course of the year we will periodically be using outdoor space, on and off the property. These include, but are not limited to, such areas as the parking lot (for fire drills), park equipment, and general area around the school. The risk of these activities is minor, however injuries may result in participating. These risks include but are not limited to:

- 1) Weather related such as sunburn or high winds
- 2) Animal or bug bites
- 3) Slip and fall hazards
- 4) Sports injuries such as bruises, sprains or breaks
- 5) Allergic reactions
- 6) Injuries involving motor vehicles

These risks result from the nature and location of the activity and can occur without fault of either the student, A Fairytale Beginning Preschool Ltd (its employees or agents), and Elk Island Catholic Schools.

Lisa Makin/Courtney Kochan

Owner

A Fairytale Beginning Ltd.

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## ACKNOWLEDGEMENT

I acknowledge that by signing this, I accept the risks of participating in these outdoor activities for the 2025-2026 school year at A Fairytale Beginning Preschool.

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Date: \_\_\_\_\_



**Pre-Authorized Debit (PAD) Agreement**

I authorize A Fairytale Beginning Preschool and the financial institution designated to begin deductions as per my instructions for monthly regular recurring payments for payment of all charges arising under my personal or business account.

Regular monthly payments for the full amount of services delivered will be debited to my specified account on the 1<sup>st</sup> day of each month.

This authority is to remain in effect until A Fairytale Beginning Preschool has received written notification from me of its change or termination. This notification must be received at least 30 days before the next debit is scheduled at [makinofficemanager@gmail.com](mailto:makinofficemanager@gmail.com). I may obtain a sample cancellation form, or more information on my right to cancel a PAD Agreement at my financial institution or by visiting [www.cdnpay.ca](http://www.cdnpay.ca)

A Fairytale Beginning Preschool may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me. I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my recourse rights, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)

**PLEASE PRINT DATE:** \_\_\_\_\_

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

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: (Bus.) \_\_\_\_\_ (Res.) \_\_\_\_\_

**Financial Institution (FI):** \_\_\_\_\_

FI Bank Account Number: \_\_\_\_\_

FI Transit Number (5 digits): \_\_\_\_\_ Branch Number (3 digits): \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_