

**CLASS:** \_\_\_\_\_

Child's Full Name: \_\_\_\_\_  
First Middle Surname

Preferred Name: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_ Male Female  
(day/month/year) (circle one)

Siblings (names and ages): \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
(mailing address to send preschool information)

Email address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
First Surname

Business Phone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Business Address: \_\_\_\_\_  
(or address where mother can be located in case of emergency)

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
First Surname

Business Phone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Business Address: \_\_\_\_\_  
(or address where father can be located in case of emergency)

**Alternate Emergency Contact (Other than Parents)**

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

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

Relationship to Child: \_\_\_\_\_

Names of persons authorized, other than those listed above, to pick up your child from school (over 18 years of age): \_\_\_\_\_  
\_\_\_\_\_

Names of persons **NOT** authorized:

\_\_\_\_\_  
\_\_\_\_\_

**This space for registrar's use only**

Child's date of birth: \_\_\_\_\_ Verified by: \_\_\_\_\_  
(day/month/year) Registrar's signature

**! ALLERGY ALERT !** \_\_\_\_\_

Child's doctor: \_\_\_\_\_ Office phone: \_\_\_\_\_

Child's Alberta Health Care number: \_\_\_\_\_

Name and location (city, town, province) of last community health clinic attended:

Medical problems we should know about (be specific):

Hospitalization (date and diagnosis):

Medical or emotional condition (requiring or receiving treatment or supervision, explain):

Medication taken at home on a regular basis:

Immunization up to date: yes or no (circle one)

It is the policy of the Glenbrook Community Preschool to first contact parents/guardians, or others designated by the parents/guardians, to authorize medical treatment in the event of an emergency. It is also our policy to move children in need of immediate professional medical care by way of ambulance to the Alberta Children's Hospital. Therefore, the Glenbrook Community Preschool requests that parents/guardians sign the following consent to medical treatment for use in an emergency in the event that the child's parent(s)/guardian(s), or others designated by parents/guardians, are unavailable:

I, \_\_\_\_\_, parent/guardian of the child \_\_\_\_\_, born \_\_\_\_\_, do hereby authorize the Glenbrook Community Preschool to secure such medical advice and services in my absence as it deems necessary for the health and safety of my child. I shall be financially responsible for such advice and services.

Child's Alberta Health Care No. \_\_\_\_\_

Dated: \_\_\_\_\_ Signed: \_\_\_\_\_  
(day/month/year)

**Release, Waiver of Claim and Assumption of Risk**

I waive any claim I may have against the Glenbrook Community Preschool, its employees and volunteers arising from my child's participation in the preschool program and agree to indemnify and save harmless the preschool, its employees and volunteers for any claim whatsoever, including any claim for medical services, arising from my child's participation in the program.

I freely and voluntarily assume any risks and hazards inherent in participating in the preschool program and accordingly, my child's participation in the program shall be entirely at his/her own risk.

This Release, Waiver of Claim and Assumption of Risk is binding on me, my heirs, my executors, administrators, personal representatives and assigns.

Dated: \_\_\_\_\_ Signed: \_\_\_\_\_  
(day/month/year)

My child hereby applies for registration with the Glenbrook Community Preschool. I understand that my failure to provide complete or accurate information can invalidate this application.

\_\_\_\_\_  
Parent's/Guardian's signature

**Welcome to Your New School! Glenbrook Community Preschool** is a non-profit parent-run program. Our tuition fees remain low mainly because of parents like you who volunteer at our school. We look forward to sharing with you any position that may be of interest to you.

Our positions are year round and offer a variety of areas of interest. Time commitments are also quite varied ranging from less than one hour per month to many hours per month. Previous experience is not required and new volunteers will receive orientation at the annual "Hand Off" Parent Advisory Committee meeting in June.

**I am interested in the following positions and would like to know more:**

- Chairperson or Vice-Chair: Chairs monthly meetings and oversees the operation of the preschool.
- Registrar or Assistant Registrar: Retrieves voice messages and answers questions regarding the preschool. Enrolls students in preschool.
- Treasurer: Responsible for all financial transactions and monitors the preschool's financial position.
- Payroll Administrator: Monitors and maintains staff payroll.
- Secretary: Records and circulates meeting notes for Parent Advisory Committee.
- Volunteer Coordinator: Recruits and fills volunteer positions.
- Newsletter Editor: Creates monthly newsletter.
- Web Manager: Maintains and updates website.
- Fundraising Coordinator: Plans and organizes fundraising activities.
- Community Liaison: Shares information between Preschool and Glenbrook Community Association.
- Advertising Coordinator: Arranges advertising as needed.
- Purchasing Coordinator: Purchases classroom materials and equipment
- Play Dough Coordinator: Posts play dough sign-up sheet and makes weekly calls to confirm play dough for each classroom.
- Snack Coordinator: Plans, purchases and delivers snacks to the preschool.
- Library Coordinator: Obtain books from the Calgary Public Library for classroom use.
- Social Coordinator: Organizes social functions such as the year-end picnic.
- Scholastic Coordinator: Collects and tallies monthly orders for Scholastic Book Club.
- "Lucky Duck": Assists the teacher or teachers assistant in the classroom in the event one of our staff is unable to attend due to illness.
- Photocopying: Assists the teachers with any photocopying that may be required for the classrooms.

Your assistance is greatly appreciated and not only your child, but all children attending Glenbrook Community Preschool will benefit from your participation as a parent volunteer. Every consideration will be made to place you in your desired position.

**NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**CHILD'S NAME:** \_\_\_\_\_ **CLASS:** \_\_\_\_\_

**APPLICATION FOR GLENBROOK COMMUNITY ASSOCIATION FAMILY MEMBERSHIP**

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

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

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

Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_