

## Welcome to Mes Amis Preschool!

Thank you for your interest in Mes Amis Preschool. Our preschool term runs from September through June and observes the same holidays as the Greater Saskatoon Catholic School Division. Mes Amis Preschool is non-denominational and parent participation is optional, but encouraged. All children attending Mes Amis Preschool must be toilet trained, which means no diapers or pull-ups.

### 2019-20 SESSIONS:

- 1 (4-year-olds) Monday, Wednesday, and Friday, 9:00 - 11:30 am
- 2 (4-year-olds) Monday, Wednesday, and Friday, 12:45 - 3:15 pm

***(Your child is eligible if 4 years of age by January 31<sup>st</sup>, 2020)***

- 1 (3-year-olds) Tuesday and Thursday, 9:00 - 11:30 am
- 2 (3/4-year-olds) Tuesday and Thursday, 12:45 – 3:15 pm

***(Your child is eligible if 3 years of age by September 1<sup>st</sup>, 2019)***

**Enrolment priority will be given to students who have attended Mes Amis Preschool in the previous year, as well as St. Matthew parents/families. Following that, sessions are filled on a first come, first serve basis.**

### Registration Process:

1. **Registration Fee: \$40.00.** This is a non-refundable deposit per child, per year. Please include a cheque with the current date with your registration form. All cheques are payable to Mes Amis Preschool.
2. **Tuition: \$90.00 per month** for two-day sessions and **\$125.00 per month** for three-day sessions. Please make payable to Mes Amis Preschool.

### Payment Options:

- a) One cheque for total tuition dated September 1<sup>st</sup>, 2019 for \$900.00/\$1250.00
- b) Two cheques dated September 1<sup>st</sup>, 2019 and February 1<sup>st</sup>, 2020 for \$450.00/\$625.00 each.
- c) One cheque, including the first and last month's tuition (i.e. \$180.00/\$250.00 dated September 1<sup>st</sup>, 2019).  
Eight post-dated cheques for monthly tuition, dated the first day of every month (i.e. eight cheques each for \$90.00/\$125.00 dated October 1<sup>st</sup>, 2019 to May 1<sup>st</sup>, 2020 inclusive).

**\*\* September and June tuition is non-refundable after September 1, 2019.**

**Kindly ensure that your registration forms and cheques are enclosed in a sealed envelope.**

The Saskatoon Preschool Foundation will consider applications from families requiring financial support. If you require more information, please contact the Foundation office at (306) 683-8384, [spf@spsd.sk.ca](mailto:spf@spsd.sk.ca) or [www.spf.sk.ca](http://www.spf.sk.ca).

Completed registration form(s) and cheques can be dropped off at, or mailed to Mes Amis Preschool, c/o Ecole St. Matthew School, 1508 Arlington Avenue, Saskatoon, SK, S7H 2Y2. When your registration form(s) and all cheques are received in good order, you will be notified as to whether your application has been accepted. Once registered, you will receive a confirmation letter and receipt.

The Mes Amis Preschool handbook with additional information is available online at <http://saskatoonmesamis.ca/>. Should you require any further information, please feel free to contact the preschool at (306) 659-7820 or [mesamispreschool13@gmail.com](mailto:mesamispreschool13@gmail.com)

Sincerely,  
The Parent/Guardian Board - Mes Amis Preschool

**REGISTRATION FORM**

Please print clearly and complete all of the blank areas below.

**PART 1: GENERAL INFORMATION**

Please indicate in your first and second session choice:

**4-year-olds:**

Monday, Wednesday, Friday (9:00 - 11:30 am)

Monday, Wednesday, Friday (12:45 - 3:15 pm)

**3-year-olds:**

Tuesday, Thursday (9:00 - 11:30 am)

**3/4-year-olds:**

Tuesday, Thursday (12:45-3:15 pm)

Female

Male

CHILD'S FIRST & LAST NAME: \_\_\_\_\_

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

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

BIRTHDATE (MM/DD/YY): \_\_\_\_\_

PARENT/GUARDIAN NAME 1: \_\_\_\_\_

PARENT/GUARDIAN DAYTIME NUMBER 1: \_\_\_\_\_

PARENT/GUARDIAN NAME 2: \_\_\_\_\_

PARENT/GUARDIAN DAYTIME NUMBER 2: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

OLDER CHILDREN ATTENDING ÉCOLE ST. MATTHEW:  Not Applicable

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

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

**PART 2: TRANSPORTATION AND DISMISSAL AUTHORIZATION RELEASE**

I, (parent/guardian), \_\_\_\_\_, hereby authorize you to release my child, \_\_\_\_\_, to the following people:

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

This list shall remain in effect until I change it in writing and provide that written notice to Mes Amis Preschool. **Please ensure that your emergency contact person is on this list.**

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

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

I, (parent/guardian), \_\_\_\_\_, give permission for my child, \_\_\_\_\_, to participate in any field trips encountered during the preschool year. I will be notified in advance when these field trips are scheduled. I also understand that if transportation is required, it will be provided by rented buses.

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

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

**PART 3: EMERGENCY AND MEDICATION ADMINISTRATION RELEASE**

I, (parent/guardian), \_\_\_\_\_, hereby give consent for my child, \_\_\_\_\_, to receive emergency treatment, if deemed necessary, by a qualified attending physician. I understand that every effort will be made to contact the parent(s)/guardian(s) on the occurrence of such an emergency. However, in the event that I am not able to be contacted, please notify \_\_\_\_\_ (name of third party), who is known by my child as a(n) \_\_\_\_\_ (relationship to the child). This person is a responsible third party who is typically available during preschool hours at the following phone number: \_\_\_\_\_.

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

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

Doctor's Name: \_\_\_\_\_ Doctor's Phone # \_\_\_\_\_

Health Card #: \_\_\_\_\_

Please indicate if your child has any health problems we need to be aware of:  Yes  No  Not Applicable

**If yes, please describe: (ONLY COMPLETE IF ABOVE ANSWER IS YES)**

I, (parent/guardian) , \_\_\_\_\_, hereby authorize and request that in the event of an emergency and/or it appears that my child, \_\_\_\_\_, is having an asthma attack and/or is having an allergic reaction, that you, as the teacher of Mes Amis Preschool, administer the following medication: \_\_\_\_\_ that I have provided and discussed with you. Upon administering the medication, please rush my child to the appropriate hospital.

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

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

#### **PART 4: AGREEMENT**

The following agreement has been made between: Mes Amis Preschool and \_\_\_\_\_  
(parent/guardian) that the parent/guardian wishes to enroll \_\_\_\_\_ (child) and  
hereby agrees to abide by the regulations in the Mes Amis Preschool Handbook, which includes, but is not limited by  
the following:

#### **REGULATIONS:**

**One of the following payment options, made payable to Mes Amis Preschool, must accompany this registration form. Please check payment option below.**

- One cheque for total tuition dated September 1<sup>st</sup>, 2019 for \$900.00/\$1250.00
- Two cheques dated September 1<sup>st</sup> and February 1<sup>st</sup> for \$450.00/\$625.00 each.
- One cheque, including the first and last month's tuition (i.e. \$180.00/\$250.00 dated September 1<sup>st</sup>, 2019). Eight post-dated cheques for monthly tuition, dated the first day of every month (i.e. eight cheques each for \$90.00/\$125.00 dated October 1<sup>st</sup>, 2019 to May 1<sup>st</sup>, 2020 inclusive).

**\*\* September and June tuition is non-refundable after September 1, 2019.**

#### **NSF cheque policy**

- The amount of any non-sufficient funds cheque plus any bank charges must be paid for in cash or certified cheque within 10 days of notification by the treasurer. If payment is not made within this time, the child will not be able to attend preschool until payment is received in full.

#### **Withdrawal of a child from Mes Amis Preschool**

- When a parent/guardian is withdrawing a child from the preschool:
  - if written notice is given before the 15th of the month, the parent/guardian will forfeit the remainder of that month's tuition
  - if written notice is given after the 15th of the month, the following month's tuition will be retained
  - At the request of the Teacher(s) and the consent of the Board of Directors, a child may be asked to withdraw for reasons of immaturity, health problems, or consistently disruptive social behaviour which interferes with the successful operation of the preschool. (Please refer to the Mes Amis Preschool Handbook, page 3 "Enrolment and Withdrawal" for full details.)

The parent/guardian will assume full responsibility for the child's safe conduct to and from preschool.

**This includes accompanying the child into the preschool classroom, removing outerwear and outside footwear and putting on indoor shoes.** If early, the parent/guardian must remain in the classroom to supervise. The child must be picked up promptly after each class.

**The parent/guardian gives consent for the child to receive any medical care deemed necessary if the parent/guardian is unavailable when an emergency arises.**

**If the child is ill, the parent/guardian will not send the child to preschool. Any communicable disease will be reported to the teacher immediately.**

**All children must be toilet trained as per Health Regulations. This means no diapers or pull-ups of any kind.**

**For full details regarding the operation and bylaws of Mes Amis Preschool, please refer to the Mes Amis Preschool handbook.**

I, (parent/guardian) accept the above cited terms of agreement and wish to enrol my child, under these conditions, in Mes Amis Preschool.

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

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

Are you interested in participating as a member of the volunteer parent/guardian board?

Yes  No

How did you hear about Mes Amis Preschool?

\_\_\_\_\_

\*\*\*\*\*

PLEASE NOTE: The beginning of the school year is an exciting time for both parents and students. Before we know it, the children will feel at home in their classroom and will look forward to seeing their new friends. You may want to make play dates outside of school hours with your child's new friends. To facilitate contacting other parents, we will distribute a class list to all parents.

The information that you provided on the registration form is confidential, so we request your consent in preparing such a list. If you do not want your name included, please mark the appropriate spot below.

Please check one:

I consent to the release of my name, my child's name and phone number solely for the purpose of preparing a class phone list to be distributed to all families.

I do not want to have my name included on the class phone list.

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

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