

Rock of Ages Preschool

Registration Package 2026 -2027

You are registering your child in the following session offered:

- ☐ Monday, Wednesday & Friday 9:10 am - 11:30 am [3 & 4 year old]
- ☐ Monday, Wednesday & Friday 12:40 pm - 3:00 pm [3 & 4 year old]
- ☐ Tuesday & Thursday 9:10 am - 11:30 am [3 & 4 year old]

Registrations are on a first come, first serve basis. A waiting list will be kept and you will be called if space becomes available.

Children must be 3 years old and toilet trained [they must be able to use the bathroom facilities including wiping, flushing, and washing hands without adult assistance].

PLEASE NOTE, \$25 REGISTRATION FEE MUST ACCOMPANY THE APPLICATION FOR YOUR CHILD TO BE REGISTERED. THANK YOU.

GENERAL INFORMATION

How did you hear about us?		Advertising
		Friend - Who?
		Other [please specify]:

CHILD'S CONTACT INFORMATION

Last Name		First Name	
Address		Postal Code	
SHSP Hospitalization #		Male	
Telephone #		Female	

CHILD'S BIRTHDAY

Month	Day	Year
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MOTHER'S CONTACT INFORMATION

Full Name	
Work/Mobile #	
Email Address	

FATHER'S CONTACT INFORMATION

Full Name	
Work/Mobile #	
Email Address	

TRANSPORTATION & DISMISSAL AUTHORIZATION RELEASE

I, [parent/guardian] _____ authorize 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. Further, I understand that if transportation is required, it will be provided by renting a bus.

I, [parent/guardian] _____ hereby authorize you to release my child to the following people:

Person 1		Ph #	
Person 2		Ph #	
Person 3		Ph #	
Person 4		Ph #	

THIS LIST SHALL REMAIN IN EFFECT UNLESS I CHANGE IT IN WRITING, AND PROVIDE THE WRITTEN NOTICE TO ROCK OF AGES PRESCHOOL.

Signature

Date [m/d/yr] ____ / ____ / ____

FAMILY INFORMATION

My child lives with
____ both parents / ____ one parent / ____ shared custody / ____ other caregiver

My child is: ____ an only child / ____ has other siblings, ages _____

Names _____

PLEASE PROVIDE A PHYSICAL COPY OF A PHOTOGRAPH OF YOUR CHILD ALONG WITH THIS DOCUMENT WHEN SUBMITTING YOUR REGISTRATION FORM. THANK YOU.

MEDICAL INFORMATION

HEALTH PROBLEMS

	None
	Allergies [please specify]
	Sight / Hearing / Speech difficulties [please specify]
	Other - Please tell me about your child ... Fears, behaviour issues, great qualities you see in them, any concerns you have about them adjusting to preschool. YOUR FORM WILL NOT BE PROCESSED IF THIS IS LEFT BLANK, THANK YOU.

DOCTOR'S CONTACT INFORMATION

Doctor's Name _____
Telephone # _____

EMERGENCY TREATMENT 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/guardian 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 [relationship to child] _____. This person is a responsible third party who is normally available during preschool hours at the following telephone number [third party telephone number] _____

Signature

Date [d/m/yr] ____ / ____ / ____

PAYMENT OPTIONS

Student Name			
M / W / F		T / Th	
Morning		Afternoon	

PAYMENT OPTION ONE

	Registration \$25.00
	Fundraising \$50.00
	September - December \$400.00 M W F or \$320.00 T Th
	January - May \$500.00 M W F or \$400.00 T Th

PAYMENT OPTION TWO

	Registration \$25.00
	Fundraising \$50.00
	September - November \$300.00 M W F or \$240.00 T Th
	December - February \$300.00 M W F or \$240.00 T Th
	March - May \$300.00 M W F or \$240.00 T Th

PAYMENT OPTION THREE

	Registration \$25.00
	Fundraising \$50.00
	September \$100.00 M W F or \$80.00 T Th
	October \$100.00 M W F or \$80.00 T Th
	November \$100.00 M W F or \$80.00 T Th
	December \$100.00 M W F or \$80.00 T Th
	January \$100.00 M W F or \$80.00 T Th
	February \$100.00 M W F or \$80.00 T Th
	March \$100.00 M W F or \$80.00 T Th
	April \$100.00 M W F or \$80.00 T Th
	May \$100.00 M W F or \$80.00 T Th

ENROLMENT AGREEMENT

ROCK OF AGES PRESCHOOL and

_____[parent/guardian]

That the parent/guardian wishes to enrol:

_____[child]

And hereby agrees to abide by the following regulations if the child is accepted into Rock of Ages Preschool.

PAYMENT REGULATIONS

All payments can be made by cash, cheque or e-transfer [treasurer.therock@sasktel.net]

The following payments, made payable to Rock of Ages Church must accompany the registration form:

A REGISTRATION FEE - \$25.00 cash fee [non-refundable] Parents of multiples need only pay one registration fee.

B MONTHLY TUITION - Three payment options are available for tuition fees and are listed above. Please select the payment option that suits you and date your cheques accordingly, or commit to sending e-transfers on a regular basis.

C FUNDRAISING BUYOUT - a cheque, cash or e-transfer for \$50 dated September 1, 2026 is required in lieu of fundraising [this will pay for field trips and classroom supplies]

D REGISTRATION - to guarantee your child's spot, the \$25 registration fee must be received by the preschool with your registration package.

POLICIES

1. Should the parent/guardian wish to withdraw the child, 30 days WRITTEN notice must be received by the preschool teacher by the first of the month.

- If notice of 30 days is not given upon withdrawal of the child from preschool, the following one month's tuition will be retained and all other post-dated cheques or payments will be returned to the parent/guardian.

- If the child is withdrawn in the last month of the preschool term, item (a) above will not apply

- No refund will be made until written notice is received.

The parent/guardian will assume full responsibility for the child's safe conduct to and from preschool. This includes accompanying the child into the building, undressing, removing outside footwear, and putting on shoes. **Families are welcome to arrive at 9:00 for the morning class and 12:30 for the afternoon class.** The child must be picked up promptly after each class.

2. Any property that is not picked up by May 31, 2027 will be donated to Salvation Army.

3. The parent/guardian gives consent for the child to receive any medical care deemed necessary if unavailable in an emergency situation.

4. 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. Please see attached information on page 7, with current health protocol.

5. All children must be toilet trained as per stipulated Health Regulations.

6. NSF Cheques

- Upon receipt of an NSF cheque, the church treasurer or teacher will contact the parent/guardian and request a new cheque.

- Upon receipt of a second NSF cheque, the church treasurer or teacher will contact the parent/guardian and request cash be given to the church. If the reimbursement is not received, the child will no longer be eligible to attend the preschool.

- Please note there will be a \$10.00 charge for all NSF cheques.

7. If paying by e-transfer, it must be your intention to send your e-transfer on the first of the month, as necessary, according to your payment plan, as listed on page 6 of this document.

I, (parent/guardian) _____ accept the above cited Agreement and wish to enrol my child, under these conditions at Rock of Ages Preschool.

ROCK OF AGES PRESCHOOL PHOTO CONSENT FORM

During the school year we take pictures of our daily activities and out of classroom excursions. These pictures are used for displays in our classroom, photo books and the year end slide show. I also post pictures to a private/closed Facebook page for parents only.

____ Yes, my child's pictures may be used for the above reasons.

____ No, my child's pictures may not be used for the above reasons.

We also advertise on our church webpage, Kijiji and will use posters with images of our classroom and students. Please check the appropriate box below to indicate your choice for the use of these pictures.

____ Yes, my child's pictures may be used for the above reasons.

____ No, my child's pictures may not be used for the above reasons.

Name of parent	
Name of child	

Signature

Date [d/m/yr] ____ / ____ / ____

Please do not send your child to school if they are sick. We ask that they remain home until they have been symptom free for a 24-hour time period.

If your child is going to be absent from school, please text or email to let us know.

The classroom is given a thorough cleaning between class groups to help alleviate the spread of any germs. We have 3 cleaning stations set up in the classroom and encourage frequent hand washing, hand sanitizing and proper hygiene skills.