



## Humble Beginnings Playschool Association

Registration Package for School Year: 2025/2026

### Registration Checklist

1. Complete the attached registration package in full.
2. Submit completed registration package by email, mail, or in-person. Submit **registration fee** as an EMT to [registration@humblebeginningsplayschool.ca](mailto:registration@humblebeginningsplayschool.ca) (Password: **HBPS**) by mail or in-person (cheque preferred, or cash)
3. Registration fees are **non-refundable**, no exceptions.
4. The Registrar will contact you regarding your child's registration status, and you will be notified of when the class fees, deposit cheques and police background check are due.
5. If the **class fees, deposit cheques and police background check** have not been received by the due date, your child's spot will **no longer be held**. If you would still like to register your child, you may do so. Please contact the Registrar for more information.

### Class Schedule & Times

The Owl & Deer classes will take place on Monday & Wednesday

Morning classes will be from 9:00am to 11:30am, and afternoon classes will be from 12:00pm to 2:30pm.

Class schedule, times, and configuration are subject to change based on enrollment and space availability.

Parents will receive confirmation of class times and schedules as soon as they are determined.

### Eligibility

Humble Beginnings Playschool offers playschool classes for 3 & 4 year old children.

To be eligible for a 4 year old Owl Class, a child must turn 4 years of age by December 31, 2025

To be eligible for a 3+ year old Deer class, a child must turn 3 years of age by September 1, 2025.

\*On a case-by-case basis, a child may become eligible for a 3 year old class after their 3<sup>rd</sup> birthday as long as the program is not full.

Please contact the HBPA Registrar to determine if your child is eligible.

\*\*On a case-by-case basis, a child may switch classes to best accommodate them. Accommodations can be made if the program is not full.

Please contact the HBPA Registrar or Playschool Teacher to determine the best class for your child.

# Humble Beginnings Playschool

## Registration Submission

This registration form is a legal document. Before a student can be registered at Humble Beginnings Playschool, this form must be completed in its entirety, signed by the student's Legal Guardian / Parent and the registration fee must be received by the HBPA Registrar.

Completed forms can be submitted by email, mail, or in-person. Forms can be filled in by hand or electronically.

**Email:** Please email your completed forms (photos, scans, or digital file) to:

[registration@humblebeginningsplayschool.ca](mailto:registration@humblebeginningsplayschool.ca). The registration fee is due within 14 calendar days of the registration form submission. The fee can be submitted by mail, in-person or EMT to [registration@humblebeginningsplayschool.ca](mailto:registration@humblebeginningsplayschool.ca) (Password: HBPS). If the registration fee has not been received by the HBPA Registrar after 14 days, your place will no longer be held.

**Mail:** Please mail your completed forms and registration fee to:

**Humble Beginnings Playschool**  
**Box 77, Site 2, RR 4**  
**Calmar, AB, T0C 0V0**  
**Attn: Registrar**

**In-Person:** Please bring in your completed forms and registration fee to:

**New Humble Community School (Office)**  
**48469 AB-795** (8 min. south of Calmar on highway 795)  
780-985-3211

## Confirmation of Registration Submission

Upon submission of the registration package, HBPA Registrar will review the documents and contact you to inform you of your child's enrollment status.

## Contacts

If you have any questions or concerns regarding registration, please contact the HBPS Registrar, at [registration@humblebeginningsplayschool.ca](mailto:registration@humblebeginningsplayschool.ca).

## Fees & Childcare Subsidy

Humble Beginnings Playschool has been working with the Government of Alberta regarding childcare subsidies. If the following information changes, you will be notified as soon as practically possible.

## Student Selection Criteria

If enrollment applications exceed the maximum student capacity (18 students/ class), the following criteria will be used for selection purposes. Openings will be filled from the waiting list.

Priority will be given to (in this order):

- 1 - Previous Students
- 2 - Siblings of Previous Students
- 3 - Children of Humble Beginnings Playschool Staff and New Humble Community School Staff
- 4 - Siblings of New Humble Community School Students
- 5 - Everyone else on a "first come, first served" basis

# Humble Beginnings Playschool

## Playschool Registration Form

### Student Information

Legal Last Name: \_\_\_\_\_ Date Registering: \_\_\_\_\_  
Legal First Name: \_\_\_\_\_ Birthdate (MM/DD/YYYY): \_\_\_\_\_  
Legal Middle Name: \_\_\_\_\_ Age as of Sept 1, 2025: \_\_\_\_\_ years \_\_\_\_\_ months  
Preferred First Name: \_\_\_\_\_

### Current Residence Information

Street Address: \_\_\_\_\_  
Street Address Line 2: \_\_\_\_\_  
Rural (Blue Sign) Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Province: \_\_\_\_\_  
Postal Code: \_\_\_\_\_  
Primary Phone Number: \_\_\_\_\_  
Alternate Phone Number: \_\_\_\_\_

### Mailing Information (if different from current residence)

Street Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Province: \_\_\_\_\_  
Postal Code: \_\_\_\_\_

### Gender

- Male  
 Female  
 Prefer not to disclose  
 Other: \_\_\_\_\_

### Medical Information

Alberta Health Care #: \_\_\_\_\_ (Mandatory due to licensing)

Is the child up to date on immunizations: \_\_\_\_\_ (Mandatory due to licensing)

Please list any of the following: current medications, medication allergies, food allergies, animal allergies, chronic health concerns, etc.

---

---

---

---

# Humble Beginnings Playschool

## Legal Guardian/ Parent Information

---

Mother, Father, Parent, Legal Guardian **ONLY**. Non-Legal Guardians/ Parents and Emergency Contacts below.

### Legal Guardian / Parent #1

Relationship to Student: \_\_\_\_\_

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

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

Title (Ms., Mrs., Mr., Dr., etc.): \_\_\_\_\_

#### **Address (if different from Student's)**

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

Street Address Line 2: \_\_\_\_\_

Rural (Blue Sign) Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_

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

Primary Phone Number: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_

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

(This email will be used for playschool communications)

### Legal Guardian / Parent #2

Relationship to Student: \_\_\_\_\_

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

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

Title (Ms., Mrs., Mr., Dr., etc.): \_\_\_\_\_

#### **Address (if different from Student's)**

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

Street Address Line 2: \_\_\_\_\_

Rural (Blue Sign) Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_

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

Primary Phone Number: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_

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

(This email will be used for playschool communications)

## Non-Legal Guardian/ Parent Information

---

Optional - e.g., Stepparent, Grandparent, Relative, Family Friend, Day Home, Babysitter etc.

### Non-Legal Guardian/ Parent #1

Relationship to Student: \_\_\_\_\_

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

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

Primary Phone Number: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_

Currently Resides with Student:  Yes  No

Emergency Contact:  Yes  No

Permission to Pick Up Student from Playschool:  Yes  No

### Non-Legal Guardian/ Parent #2

Relationship to Student: \_\_\_\_\_

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

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

Primary Phone Number: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_

Currently Resides with Student:  Yes  No

Emergency Contact:  Yes  No

Permission to Pick Up Student from Playschool:  Yes  No

# Humble Beginnings Playschool

## Emergency Contacts

---

An emergency contact is someone who may be contacted if the student's parent(s) or guardian(s) listed above are unavailable. Emergency contacts listed below have permission to pick up student from Humble Beginnings Playschool. **Please ensure the Emergency Contacts live near New Humble Community School and are able to pick-up the Student during Playschool hours.**

### Emergency Contact #1

Relationship to Student: \_\_\_\_\_

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

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

Primary Phone Number: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_

Currently Resides with Student:  Yes  No  Prefer not to disclose

### Emergency Contact #2

Relationship to Student: \_\_\_\_\_

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

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

Primary Phone Number: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_

Currently Resides with Student:  Yes  No  Prefer not to disclose

## Contact Order

---

For day-to-day correspondence and emergencies, please list the Student Contacts in order from 1 (call first) to 6:

\_\_\_\_\_ Legal Guardian / Parent #1

\_\_\_\_\_ Legal Guardian / Parent #2

\_\_\_\_\_ Non-Legal Guardian / Parent #1

\_\_\_\_\_ Non-Legal Guardian / Parent #2

\_\_\_\_\_ Emergency Contact #1

\_\_\_\_\_ Emergency Contact #2

## Custody Information/ Student Protection

---

Is there any Custody Agreement or Court Order affecting access to the student?

Yes (a copy must be on file)

No

## Sibling Information

---

Optional - collected for communication and planning purposes

Name:	Age:	Currently attending New Humble Community School?

# Humble Beginnings Playschool

## Consent Forms

---

Please initial your acknowledgment of the following statements and select your preferences, where applicable. Supplementary information regarding the following topics is available in the Program Policies & Parent Handbook.

\_\_\_\_\_ **Revoking Consent** - I understand that I may revoke consent at any time upon written notice to the Playschool Teacher in class or by contacting the HBPA Registrar. I further understand that revoking my consent will apply as soon as practicable

\_\_\_\_\_ **Refusal of Consent** - I understand that my refusal to provide voluntary consent will result in my child not being able to participate in some class activities. Your child will be treated the same as the other students and be provided with alternative educational opportunities.

\_\_\_\_\_ **Safety** - I acknowledge that it is my responsibility to alert the Playschool Teacher and/or HBPA Board Members if my child has any health, safety, or comfort issues. All measures will be taken to ensure child comfort and safety.

\_\_\_\_\_ **Outdoor Play** - I acknowledge that HBPA provides hands-on learning experiences, which includes outdoor play. I hereby give my consent for my child to play outdoors on the New Humble Community School grounds, including the outdoor playground equipment, under the supervision of the Playschool Teacher and Roster Parents.

\_\_\_\_\_ **Animal Interaction** - As part of the innovative and experiential education provided by the Humble Beginnings Playschool Association, hands-on learning, and interaction with various types of animals will occur, potentially daily, for the duration of the school year. Interaction with animals allows for many enhanced learning opportunities, but also presents the potential for unique risks. HBPA will do everything it can to ensure children's interactions with animals is a safe and positive experience. This includes but is not limited to the following: mandatory adult supervision when children are interacting with animals, enforcing strict hand washing measures after children have interacted with animals, their food, or their habitat, creation of a dedicated area for animal interaction and habitat, obtaining permission for interaction, only bringing in healthy animals, and restricting animal interaction and entrance in areas where food is prepared, served, or eaten.

By selecting 'YES' below, I hereby release HBPA, HBPA Teachers and Volunteers, New Humble Community School ("NCHS"), NHCS Staff and Volunteers of all responsibility for potential consequences with your child interacting with animals. It does not mean your child is committed to animal interaction, all measures will be taken to ensure child comfort and safety.

Please select one:

- YES, my child is allowed to participate in various levels of animal interactions and release the above stated staff and volunteers of all responsibility for animal-related consequences.
- NO, my child is **NOT** allowed to participate in animal interactions.

\_\_\_\_\_ **Medication** - It is the responsibility of the Legal Guardian/ Parent to ensure proper measures are taken regarding allergy/health concerns. The playschool, while they can oversee medication intake as per dosage instructions from a health practitioner legally able to practice medicine in Canada, is not responsible to provide antihistamines or other medication. If a child requires medication, the parent/guardian must also complete the Medication/ Personal Care Request Form. This form can be requested from the Playschool Teacher or by contacting the HBPA Registrar.

\_\_\_\_\_ **Emergency Medical Treatment** - In the event of an accident, I give my consent for any emergency medical treatment, as may be deemed necessary by the Playschool Teacher and/or attending medical professional. All emergency medical treatment expenses are the responsibility of the Legal Guardian/ Parent.

\_\_\_\_\_ **Food Activities** - Throughout the year Humble Beginnings Playschool will be planning various curriculum-based activities during the school day that will include food items/ snacks.

Please select one:

- YES, my child is allowed to eat curriculum-based food items.
- NO, my child is **NOT** allowed to eat curriculum-based food items. I will supply my child's own separate snacks for food activities.

# Humble Beginnings Playschool

**Class Celebrations** – Throughout the year, Humble Beginnings Playschool will be planning various class celebrations. These celebrations may include, but are not limited to, seasonal holidays, birthday parties, special occasions etc.

Please select one:

- YES**, my child is allowed to participate in class celebrations.
- NO**, my child is **NOT** allowed to participate in class celebrations. Please explain: \_\_\_\_\_
- 

**Class Celebration Food** – Many class celebrations will include food items/ snacks.

Please select one:

- YES**, my child is allowed to eat special event food items, birthday party food items, and food items brought in by other parents.
- NO**, my child is **NOT** allowed to eat special event food items, birthday party food items, and food items brought in by other parents. I will supply my child's own separate snacks for class celebrations.

**Freedom of Information and Protection of Privacy (FOIP)** – HBPA seeks your voluntary consent to collect, use and to disclose your child's image and voice recorded at school events and during playschool operations for reproduction in school publications, displays, and presentations in any format or media both on-line and in print. Such publications, displays and presentations may also identify individuals' image or voice by name.

**Revoking Consent** – I understand that I may revoke consent at any time upon written notice to the HBPA President and further understand that revoking my consent will apply as soon as practicable to publications, displays, and presentations written or produced following the date of such notice.

**Refusal to Consent** – I understand that my refusal to provide voluntary consent will result in my child's recorded image and/ or voice not appearing in any playschool publications, displays and presentations.

## **FOIP Consent**

Please select one:

- YES**, I hereby consent to the collection, use and disclosure of my child's image and/ or voice in the form of photographs, moving images, sound recordings, and other media for the purposes stated above. I further understand that my consent will remain valid with HBPA unless revoked in writing by me.
- NO**, I do **NOT** consent to the collection, use or disclosure of my child's image and/ or voice by HBPA.

## Declaration by Legal Guardian/ Parent

The information provided in this document is true, correct, and complete. The individuals identified in the "Legal Guardian/ Parent" section have the right to view student information and make educational decisions for this child, unless otherwise indicated here and supported with legal documentation. I recognize that it is my responsibility to notify HBPA should the above information change. Furthermore, I acknowledge that it is my responsibility to comply with policies and procedures listed on this registration form and in the HBPA Program Policies and Parent Handbook.

Printed Name of Child: \_\_\_\_\_

Printed Legal Guardian / Parent Name: \_\_\_\_\_

Date (MM/DD/YYYY): \_\_\_\_\_

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

# Humble Beginnings Playschool

## HBPA Fee Schedule

### Fee Schedule

Please select one class below that you would like your child to be registered in.

OWL CLASS - 4 year old class, Mornings, 2 classes / week

Registration Fee	1	x	\$100.00	Cheque or EMT	Due at time of Registration <b>Non-refundable</b>
Annual Class Fee	1	x	\$98.00	Cheque	Due at AGM
Fundraising Deposit	2	x	\$150.00	Cheques	Due at AGM
Rostering Deposit	4	x	\$75.00	Cheques	Due at AGM
Cleaning Deposit	1	x	\$200.00	Cheque	Due at AGM
Volunteer Participation Deposit	1	x	\$150.00	Cheque	Due at AGM

DEER CLASS - 3 year old class, Afternoons, 2 classes / week

Registration Fee	1	x	\$100.00	Cheque or EMT	Due at time of Registration <b>Non-refundable</b>
Annual Class Fee	1	x	\$98.00	Cheque	Due at AGM
Fundraising Deposit	2	x	\$150.00	Cheques	Due at AGM
Rostering Deposit	4	x	\$75.00	Cheques	Due at AGM
Cleaning Deposit	1	x	\$200.00	Cheque	Due at AGM
Volunteer Participation Deposit	1	x	\$150.00	Cheque	Due at AGM

### Deposit Program

All fees and deposits are to be brought to the AGM, no payments other than the registration fee will be accepted prior. Please ensure all cheques are **UNDATED** and have been **signed**.

Please make cheques payable to: **Humble Beginnings Playschool** or **HBPS**

Should the parents not be willing to participate in the deposit program, their child **will not** be able to attend playschool. These deposits have been set up to ensure every family does their fair share of volunteering. Once you have completed your fundraising, rostering, cleaning, and volunteer participation, your cheques will be returned to you at the end of the year. If you do not fulfill the requirements, your deposit cheques will be cashed.

Families have the option to payout their Fundraising Deposit if they wish to not fundraise.

Please select one:

- YES, I wish to complete my fundraising requirements and have my deposit cheque(s) returned to me.
- NO, I do NOT wish to complete my fundraising requirements and will have HBPA cash my fundraising deposit cheque(s)

**\*\*Students will only be able to attend the program once all fees, deposits, and documentations including Criminal Record Checks have been received\*\***



# Humble Beginnings Playschool

## Roster Parent/ Volunteer Registration Form

Humble Beginnings Playschool is a playschool which requires parental involvement. It is governed by a board of volunteer parents called Humble Beginnings Playschool Association. The services of volunteers are appreciated. To ensure the safety of our students, all volunteers need to be registered with the playschool. This includes anyone who assists the Playschool Staff and Students, Roster Parents (including Guardians, Family, Friends), HBPA Board Members, Volunteer Drivers, and any other individuals as determined by the HBPA.

To register as a Roster Parent/ Volunteer, please fill out the form below. In addition to the form below, all Roster Parent/ Volunteers are required to submit a security clearance "**Criminal Record Check**". To obtain a security check, please take the attached 'Criminal Record Check' and two pieces of identification to your closest RCMP station. It is recommended to call ahead to ensure you visit the correct location, determined by where you live. Please allow for up to 2 weeks for processing.

The information collected on this form and in the security check will be held in confidence.

### Roster Parent/ Volunteer Information

---

Printed Name of Child: \_\_\_\_\_

#### **Mailing Address**

Relationship to Student: \_\_\_\_\_

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

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

Street Address Line 2: \_\_\_\_\_

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

Rural (Blue Sign) Address: \_\_\_\_\_

Title (Ms., Mrs., Mr., Dr., etc.): \_\_\_\_\_

City: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

Province: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_

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

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

(This email will be used for playschool communications)

Do you have a criminal record for which you have not received an official pardon?  Yes  No

Are interested in being a member of the HBPA Board?  Yes  No

Are you interested in assisting HBPA Board Members on special event committees, such as class parties, picture day, in-class field trips, or presentations?  Yes  No

Do you have any special talents (crafts, carpentry, etc.), or a profession (dentist, fireman, etc.), that could contribute to our classroom, classroom activities, or presentations?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Humble Beginnings Playschool

## Roster Parent/ Volunteer Conditions:

**As a Roster Parent/ Volunteer, we would like to advise you of the following conditions:**

- I acknowledge that I have voluntarily applied to Humble Beginnings Playschool Association (HBPA) in the interests of being a classroom volunteer.
- I am aware that I am voluntarily participating in classroom activities with the knowledge that I will be interacting with youth (>5YO) and understand risks and hazards associated with this position.
- As I participate in the classroom, I agree that I will not make a claim, sue, or attach liability to the association, members, children, families, or property for any injuries, damages or losses stemming from my volunteering with the playschool.
- I hear by release and forever discharge HBPA from any claims whatsoever which arise or may hereafter arise on account of any first aid, treatment, or services rendered in connection with participation in HBPA.
- I understand that this is a volunteer position and will not be paid compensation, in any form, for my time.
- I understand that although HBPA carries insurance this is considered secondary coverage and my own health insurance is primary coverage.
- Throughout my time with HBPA I will not distribute any photographs of the school, its contents or its children.
- Throughout my time with HBPA I will not distribute any media posts regarding the school, its children, volunteers, employees, property and facilities.
- I understand that my duties are as followed:
  - Assist in playschool through interaction and playing with the children
  - Assist in cleaning floors, desks, chairs, organizing toys and general tidying through the course of the day.
  - To ensure that children are playing safely and appropriately in the classroom.
  - Any other duties assigned by either the teacher or the board.
- I understand that I will be required to submit a valid criminal records vulnerable sectors check prior to my volunteer application being considered.
- Any information collected, used, generated, and stored by the playschool is confidential and shall be used only in the performance of the Roster Parent / Volunteer's duties. Confidentiality is important in the playschool setting to honour and promote the dignity and worth of the students, parents, staff, and volunteers.
- You may not disclose, communicate, publish, take, alter, copy, interfere with or destroy any information unless you are specifically authorized to do so by the Playschool Teacher, Playschool Staff, or a HBPA Board Member.
- You must notify the HBPA Registrar of any new criminal charges at the time the charge is made.
- The Playschool Teacher, Playschool Staff, and the HBPA is responsible for the student learning and discipline.
- As a Roster Parent/ Volunteer, you can greatly assist in student learning by working positively and cooperatively with the Playschool Teacher, Playschool Staff, and the HBPA.
- Any failure to adhere to these conditions or the policies of the HBPA may result in termination of your position as a volunteer

**By signing this Roster Parent/ Volunteer Registration Form, I am agreeing to the conditions as outlined.**

Printed Name of Child: \_\_\_\_\_

Printed Legal Guardian/ Parent Name: \_\_\_\_\_

Date (MM/DD/YYYY): \_\_\_\_\_

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

# Humble Beginnings Playschool

## Roster Parent/ Volunteer FOIP Form

### Purpose:

Humble Beginnings Playschool Association ("HBPA") seeks your voluntary consent to collect, use and to disclose your image and voice recorded at school events and in the course of school operations for reproduction in school publications, displays, and presentations in any format or media both online and in print. Such publications, displays, social media and presentations may also identify individuals' image or voice by name.

### Revoking Consent

I understand that I may revoke this consent at any time upon written notice to the HBPA President and further understand that revoking my consent will apply as soon as practicable to publications, displays, and presentations written or produced following the date of such notice.

### Refusal to Consent

I understand that my refusal to provide voluntary consent will result in my recorded image and/or voice not appearing in any school publications, displays and presentations.

### Consent

I hereby consent to the collection, use and disclosure of my image and/ or voice in the form of photographs, moving images, sound recordings, and other media for the purposes stated above. I further understand that my consent will remain valid with HBPA unless revoked in writing by me.

OR

I do not consent to the collection, use or disclosure of my image and/ or voice by HBPA.

Printed Name of Child: \_\_\_\_\_

Printed Legal Guardian/ Parent Name: \_\_\_\_\_

Date (MM/DD/YYYY): \_\_\_\_\_

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

Our Facebook can be found at Humble Beginnings Playschool and our website is  
[www.humblebeginningsplayschool.ca](http://www.humblebeginningsplayschool.ca)

# Humble Beginnings Playschool



## Volunteer Liability Waiver for Animal Interaction

As part of the innovative and experiential education provided at HBPS, hands-on learning and interaction with various types of animals will occur, potentially daily, for the duration of the school year. This letter is intended to provide volunteers with introductory information regarding the nature of animal involvement at the school.

While HBPS will do everything it can to ensure the interaction with animals is a safe and positive experience, there are inherent risks in animal interaction and other related activities in which you will be exposed to with your participation in this program. These risks include, but are not limited to, injury, disease, or other threat of physical harm to yourself and others, and damage to personal property.

By signing this form, you release HBPS of all responsibility for potential consequences regarding your interaction with animals. Your signature indicates that you have read and agreed to the information provided and choose to participate in HBPS' unique and hands-on learning through animal interaction on your own accord.

Name of Volunteer: \_\_\_\_\_

Signature of Volunteer: \_\_\_\_\_

# Humble Beginnings Playschool

## All About Me!

The information below is very helpful to the teacher, particularly at the beginning of the school year.  
This gives the Playschool Teacher an opportunity to get to know your child a little quicker.

My Name: _____	<b>My Favorites!</b>
My Age: _____	Animals: _____
My Birthday: _____	Colours: _____
My Pets: _____	Toys: _____
My Family Members are: _____	Activities: _____
_____	TV/Movies: _____
_____	Foods: _____
_____	Books: _____

### Additional Information About Your Child

My Personality (shy, outgoing, quiet etc.): \_\_\_\_\_

Speech or Learning Difficulties: \_\_\_\_\_

Afraid of Animals or Livestock: \_\_\_\_\_

Hobbies/ Classes (dance, hockey, music, playgroups etc.): \_\_\_\_\_

\_\_\_\_\_

Any Additional Info the Playschool Teacher Should Know: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*\*PLEASE REMOVE THIS PAGE  
AND THE NEXT ONE FROM YOUR  
REGISTRATION PACKAGE \*\***

On the next page, fill out your name on the line and bring it to your nearest RCMP station to get your criminal record check. These are **MANDATORY** for volunteering in the classroom, and are to be handed in at the AGM. If you have any questions about them please contact:  
[registation@humblebeginningsplayschool.com](mailto:registation@humblebeginningsplayschool.com)

# Humble Beginnings Playschool

c/o New Humble Community School, Box 12, Site 7, RR 4, Calmar AB T0C OVO  
780-985-3211 humble.playschool@gmail.com



## Request for Criminal Records and Vulnerable Sectors Check

January 1, 2025

RE: Criminal Record & Vulnerable Sector Check for: \_\_\_\_\_

To Whom it May Concern,

This letter is to verify that the above individual is in the process of becoming a volunteer with Humble Beginnings Playschool.

Due to our insurance policy, any volunteers associated with our organization are required to obtain a yearly criminal record and vulnerable sector check. Volunteers may be supervising and interacting with children under the age of 18.

Should you have any questions, feel free to contact me at 780-985-3211.

Thank you,

*Amber Vanderleest*

Amber Vanderleest  
President  
Humble Beginnings Playschool