

# Daycare Registration Checklist 2026 - 27



## Registration Checklist

We've provided you with a checklist to make submission easier. Please check each box to ensure that you have properly completed the application package:

- ☐ Complete the General Registration Form
- ☐ Complete Parenting Order/Custody & Access Agreement (if applicable)
- ☐ Complete the Application Questionnaire
- ☐ Complete the Fees and Contribution Form
- ☐ Complete the Payment Agreement Form
- ☐ Complete the Personal Information Collection & Disclosure Letter
- ☐ Complete the Provision of Emergency Medical Care Form
- ☐ Complete the Student Media Release Consent Form
- ☐ Complete the Volunteer Commitment Form
- ☐ Complete the Directory Information Sheet
- ☐ Copy of Birth Certificate

<input type="checkbox"/> <b>\$300 Enrollment Fee</b>	<b>For Office Use Only:</b> Payment Date: _____ Payment Method: _____ Payment Details: _____
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FEE DUE UPON ACCEPTANCE	
<b>2026-27 WESE Membership Fee : \$75</b> (1 membership is required per family)  Please let us know if it is included with a sibling.  Student's Name: _____	<b>For Office Use Only:</b> Payment Date: _____ Payment Method: _____ Payment Details: _____

**For Office Use Only:**

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

(Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Grade) \_\_\_\_\_

Please email completed package to: [registrar@thewise.ca](mailto:registrar@thewise.ca)

Or you may mail or drop off to:  
**The Waldorf Education Society of Edmonton**  
 7211 96A Ave  
 Edmonton, Alberta  
 T6B 1B5

**For Office Use Only:**

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

By: \_\_\_\_\_

## Daycare Registration Form: 2026 - 27

**Min age: 3.5 by Sept 1 (no exceptions)**  
**Please select your preferred class time:**  
**(Preference not guaranteed)**

**3 Full-Day Daycare**  
**Wed, Thurs & Fri**  
**9:00 - 3:30pm**

### Student:

First Name \_\_\_\_\_  
Middle Name \_\_\_\_\_  
Age \_\_\_\_\_ Birthdate \_\_\_\_\_  
(yyyy/mm/dd)

Preferred Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
☐ Male ☐ Female ☐ Non-Binary

### Parent(s) or Guardian(s)

**#1** ☐ Parent ☐ Guardian

First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Email \_\_\_\_\_  
Home # \_\_\_\_\_ Work # \_\_\_\_\_  
Cell # \_\_\_\_\_  
☐ Student's Primary Address  
Address \_\_\_\_\_  
City \_\_\_\_\_  
Postal Code \_\_\_\_\_

**#2** ☐ Parent ☐ Guardian

First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Email \_\_\_\_\_  
Home # \_\_\_\_\_ Work # \_\_\_\_\_  
Cell # \_\_\_\_\_  
☐ Student's Primary Address  
Address \_\_\_\_\_ ☐ Same as #1  
City \_\_\_\_\_  
Postal Code \_\_\_\_\_

### Daytime Contact Information

**#1** ☐ Same as above

Address \_\_\_\_\_  
City \_\_\_\_\_  
Postal Code \_\_\_\_\_  
Phone \_\_\_\_\_ Alt. # \_\_\_\_\_

**#2** ☐ Same as above

Address \_\_\_\_\_  
City \_\_\_\_\_  
Postal Code \_\_\_\_\_  
Phone \_\_\_\_\_ Alt. # \_\_\_\_\_

If a Legal Guardianship Order pertaining to your child exists, a copy of it must be kept in your child's file at the school. A Parenting & Custody Order & Access Agreement is attached. Please indicate the following:

☐ Not applicable ☐ Yes; included

If you wish to declare the student is Aboriginal, please select one:

☐ First Nation (status) ☐ First Nation (non-status) ☐ Metis ☐ Inuit

For further information, please refer to: <https://www.alberta.ca/first-nations-metis-or-inuit-student-self-identification.aspx> or contact Alberta Education at 780-427-8501.

**#1 Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**#2 Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

*Making a false or misleading statement or representation on your application or supporting documents may result in cancelling your application for registration.*

## EMERGENCY CONTACT INFORMATION

Person(s)\* to whom a child can be released if a parent cannot be reached during an emergency. Please note that two are required.

**\*NOT a Parent or Guardian**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_  
 Relationship to child \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_  
 Relationship to child \_\_\_\_\_

## MEDICAL INFORMATION ~ must be completed

Name of Child's Medical Doctor: \_\_\_\_\_ Phone # \_\_\_\_\_  
 Child's Alberta Health Care # \_\_\_\_\_

Name of Child's Primary Health Practitioner: \_\_\_\_\_ Phone # \_\_\_\_\_  
 ( optional )

Please describe any known medical condition of the child, including allergies, food intolerances and any other health details along with needed medications.

**Food Intolerance:** refers to a physical response to a food or food additive that is not an allergic reaction. It differs from a food allergy in that it does not involve the immune system and it is much more common. Food Intolerances are often mistaken as food allergies. Some common food intolerances include food additives like MSG and sulfites; lactose; gluten; food borne illness; histamine toxicity. Food intolerances do not usually cause as severe a reaction as food allergies, but they can cause nausea, vomiting, painful cramping, and diarrhea. (Reference: WISE Allergy Safe & Anaphylaxis Policy)

Please specify (if any):

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

## MEDICAL INFORMATION ~ cont'd

**Food Allergy:** A food allergy happens when your immune system overreacts to certain foods. In most cases, the reaction is mild, causing symptoms like a rash, a stuffy nose, or an upset stomach. An allergy in this category is not life-threatening.

Please specify ( if any ):

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**Severe Allergy:** A serious food allergy can make your tongue or throat swell and make it hard to breathe. Quick treatment can stop a dangerous reaction. Severe allergies require an epi-pen or another medical intervention if exposed. Anaphylaxis: Sometimes called “allergic shock” or “generalized allergic reaction” - is a severe allergic reaction that can lead to rapid death if untreated. Like less severe allergic reactions, anaphylaxis occurs when the body’s immune system reacts to harmless substances as though they were invaders. Anaphylaxis causes an extreme body reaction.

Please Specify ( if any ):

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*This is potentially life threatening and we will need a parent to come to the school office no later than the package deadline to fill in specific forms regarding such an allergy and bring along two 4 X 6 head shots of your child. Your registration package will NOT be complete and enrolment not solidified until these forms are completed.*

\* New Registrants: Once your child has been accepted into one of the WESE programs, further documentation will be required for severe allergy and anaphylaxis. The registrar will contact families upon acceptance.

Other medical conditions & medications ( please specify ):

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Vaccination information ( if any ):

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#1 Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_  
 #2 Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

## PARENTING ORDER/CUSTODY & ACCESS AGREEMENT

There are occasions where child guardianship concerns involve the school. If your child is in a situation relating to any of the orders below, please complete the appropriate section(s) so the school has the necessary information to follow a proper course of action. The school must be supplied with a copy of the order and court seal must be evident on the order.

<b>CUSTODY AND ACCESS ORDER:</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>Both the custodial and the non-custodial parents have access to the child. If the non-custodial parent wants to take the child from the school, the school can attempt to contact the custodial parent and advise of the situation. The school cannot try to prevent the non-custodial parent from taking their child.</p> <p>Name of Child: _____</p> <p>Name of Custodial Parent: _____</p> <p>Name of Non-Custodial Parent: _____</p> <p>Contact phone number if an incident occurs or concerns arise at the school: _____</p> <p>Custody/Access concerns: _____</p>		

<b>LEGAL RESTRAINING ORDER:</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>One parent has custody and the other parent has a restraining order from a court prohibiting contact with the child. If the non-custodial parent takes the child from school, the school must call the Edmonton Police Service and advise them of the situation. From that point on, it is a police matter. The school will attempt to contact the custodial parent and inform them of the situation.</p> <p>_____</p> <p>You must be aware that the school and its personnel will take responsible actions should an incident occur, but we may not be able to make phone contact with the custodial parent, and we are not legally allowed to prevent any parent from accessing their child. If you would like further clarification on this matter, please contact the School Principal.</p>		

<b>PARENTING ORDER:</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>The courts may make a Parenting Order when a child has more than one guardian (usually parents) who live apart and are unable to agree on how to distribute powers, responsibilities and entitlements of guardianship.</p> <p>What is the allocation of decision making powers? _____</p> <p>What is the dispute resolution process? _____</p> <p>Allocation of parenting time: _____</p> <p>Other: _____</p> <p>_____</p>		

Continued on next page...



**PARENTING ORDER/CUSTODY & ACCESS AGREEMENT ~ cont'd**

**CONTACT ORDER:** Yes ☐ No ☐

A Contact Order involves contact between the child and persons other than the guardian - such as grandparents and other people who might be important to the child. An application for in-person visitation or other contact, such as by telephone or e-mail, can be made if a guardian has denied contact with a child.

What are the conditions/limitations of the contact?

I have read and understand the above information. Also, I believe, to the best of my knowledge, that the information I have provided is accurate.

**#1 Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**#2 Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

## Application Questionnaire

How did you find out about our school?

☐ Posters ☐ Website ☐ Word of Mouth ☐ Other: \_\_\_\_\_

Have you taken a school tour? ☐ Yes ☐ No

If Yes, when and with whom \_\_\_\_\_

Are you or have you ever been a member of the WESE Staff? ☐ Yes ☐ No

Has your child ever attended a WISE or Waldorf Education Program? ☐ Yes ☐ No

If Yes, which programs have they attended? \_\_\_\_\_

Do you have other children in the school? ☐ Yes ☐ No

If Yes, which programs are they enrolled in? \_\_\_\_\_

Have you volunteered with WESE or WISE in the past? ☐ Yes ☐ No

If Yes, at which events/classrooms? \_\_\_\_\_

What is your knowledge of Waldorf Education?

Why are you choosing a Waldorf Education for your child and in what way do you feel your child will benefit from this education?

Briefly describe your child's personality and character:

## Application Questionnaire -cont'd

What is your child's relationship with media, screen-time and electronics, such as computer, tablet, smartphone, video games, TV, movies (i.e. topics, programs, genres, duration, frequency)?

Please tell us about the family members who share a home with your child:

What language (s) is (are) spoken at home?

Briefly describe your child's experience in daycare, preschool or other programs (If applicable, indicate your reasons for transferring):



## Application Questionnaire -cont'd

Have there been any medical or psychological concerns, diagnosis or assessments that may affect your child's development, learning or ability to participate? (I.E. Speech, developmental delay, vision or hearing issue, physical, emotional, behavioural or learning concerns)

☐ No      ☐ Yes, please explain:

Has your child received any remedial assistance (i.e. speech, occupational, physical therapy, etc...) or specialized education funding (i.e. PUF, gifted, mild/moderate, etc..)

☐ No      ☐ Yes, please include copy of educational assessments or reports.

Briefly describe how your child handles new experiences:

Briefly describe any fears or anxieties experienced by your child:

Briefly describe your child's physical engagement in indoor and outdoor activities:

## Application Questionnaire -cont'd

Briefly describe how your child handles feelings of emotional dysregulation (i.e. anger, sadness, etc...) and what supports you provide to help them through it:

Is there any other information about your child that you would like to share?



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

### Daycare Fees

#### Full Day Program

Yearly

Monthly

#### 3 Full-Days DAYCARE

☐ Wednesday, Thursday, & Friday  
9:00-3:30pm

☐ \$2000/yr      or      ☐ \$200/month

### Elevate Wise - Building our dream castle

Please consider starting a monthly donation to help fund our, purpose-built Waldorf school to further enliven both ECE and K-9 Waldorf education at our school.

Please select one of the following options:

I will set this up directly by scanning the QR code below or by visiting: [thewise.ca/donate](http://thewise.ca/donate)

- ☐ \$100/month
- ☐ \$50/month
- ☐ \$25/month
- ☐ Other



*Thank you for being a part of Waldorf Early Childhood Education in Edmonton*

#### #1 Parent/Guardian

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

#### #2 Parent/Guardian

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

#### Office Use Only

Payment per Month \_\_\_\_\_  
OR  
Payment per Year \_\_\_\_\_

## Payment Agreement Form

### MONTHLY Options

#### Automatic Withdrawal:

I hereby authorize WESE the debiting of my account in the amount of \$\_\_\_\_\_ by method of Automatic Funds Transfer, Credit Card Withdrawal or Post Dated Cheques on the 1st business day of each month beginning the first month of programming, ending the last month of programming.

**For AFT's or Post Dated Cheques if they are NSF, there will be a \$40 NSF fee.**

☐ **AFT:** If this is your first year at WESE, please attach a VOID cheque or complete the following information:

Bank Route # \_\_\_\_\_ Bank Transit # \_\_\_\_\_ Account # \_\_\_\_\_

Name of Bank \_\_\_\_\_ Bank Address \_\_\_\_\_

City, Province \_\_\_\_\_ Postal Code \_\_\_\_\_

☐ **Credit Card:** (Please note a 2% surcharge will be added per payment)

Account Holder's Name \_\_\_\_\_ Card Type \_\_\_\_\_

Card Number \_\_\_\_\_ Expiry Date \_\_\_\_\_ CVC # \_\_\_\_\_

☐ **Postdated Cheques: (dated September 1, 2026 - June 1, 2027)**

Please make postdated cheques payable to **Waldorf Education Society of Edmonton (WESE)**.

**If your cheque is NSF, there will be a \$40 NSF fee.**

☐ **E-Transfer:** All etransfers are due 1st of the month. Please send etransfers to **accounts@wese.ca**

### ANNUAL Options

☐ **One Lump Sum:**

Due Sept 1 - Payable by cash, cheque payable to: Waldorf Education Society of Edmonton (WESE), debit credit, or etransfer. Please send etransfers to **accounts@wese.ca**.

I further acknowledge by my signature, duly dated, that I will be responsible for any costs incurred by WESE that may arise from my failure to advise WESE of any change to my banking or personal information supplied on this agreement.

**\*10 business days are needed to process all changes to banking information.**

\_\_\_\_\_  
Account Holder Signature

\_\_\_\_\_  
Date of Signature

## **Personal Information Collection and Disclosure Consent Form**

I/We understand that the Waldorf Education Society of Edmonton (WESE) collects, uses, and discloses personal information that is necessary for the operation of a Registered Charter School and as a School Authority operating within the Province of Alberta. Information may include; student identification information, parents'/guardians' work and home contact, emergency contact names and contact information, doctor's name and contact information, health insurance number and other information/documentation the Waldorf Education Society of Edmonton deems necessary.

I/We understand that the information collected by the Waldorf Education Society of Edmonton may be used for the purposes of; evaluation, admission, withdrawal and registration of students, reporting, accounting, payroll, and billing purposes, emergency and health care responses, and school communications, publications, notices, marketing, and volunteering.

I/We understand that the information collected by the Waldorf Education Society of Edmonton may be disclosed to employees, board members, and class representatives of the Waldorf Education Society of Edmonton if the information is necessary for the performance of the duties of the employee, board member or school representatives.

I/We understand that the information collected by the Waldorf Education Society of Edmonton may be disclosed to the Government of Alberta as required in accordance with regulations under the Education Act. In addition, the Waldorf Education Society of Edmonton may disclose information as required to the Ministry of Education, Ministry of Health, Ministry of Justice or to the Department of Solicitor General and Public Security or their designates when required.

I/We understand that this information is required in order to register at this school, and that in providing personal information to the Waldorf Education Society of Edmonton, individuals are consenting to the use of the information for the purposes identified.

I/We understand this consent will remain active as long as my child is enrolled in a WESE program.

**#1 Signature of Parent/Guardian**\_\_\_\_\_ **Date**\_\_\_\_\_

**#2 Signature of Parent/Guardian**\_\_\_\_\_ **Date**\_\_\_\_\_

## **Provision of Emergency Medical Care**

I/We consent to having employees or volunteers of the Waldorf Education Society of Edmonton (WESE) provide emergency medical assistance to my child \_\_\_\_\_, in case of illness or accident.

I/We agree that the Waldorf Education Society of Edmonton employees or volunteers may provide first aid or if further medical assistance is necessary contact emergency professionals.

I/We understand that should first aid be provided, the WESE employee shall complete an Accident/Illness Report and review it with the child's parents/guardians at the end of the program day. Should emergency professionals be required, a WESE employee shall contact the child's parents or emergency contact and report the accident verbally. The WESE employee shall complete an Accident/Illness Report and review it with the child's parents/guardians at the end of the program day.

If the child must be transported to another facility (health clinic, hospital) staff will make every effort to contact a parent before the child leaves the facility. However, the health of the child is the primary concern. If the parent cannot be reached before the child is transported to a health facility, staff will contact the child's alternate emergency contact, explain the situation and continue to attempt to contact the parent at reasonable intervals until the parent has been notified of the situation.

I/We understand this consent will remain active as long as my child is enrolled at WESE.

**I/we ☐ consent    ☐ do not consent**

**#1 Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**#2 Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

## Student Media Release Consent

Student's Name: \_\_\_\_\_ ("Child") Grade: \_\_\_\_\_

I, \_\_\_\_\_, understand that the Waldorf Education Society of Edmonton, its partners, agents, heirs and assigns ("WESE") may make recordings by film, photograph, audiotape or videotape (the "Recordings") of activities (the "Activities") occurring at or in association with the WISE Charter School ("WISE"), and may display, publish or distribute these Recordings for the purpose of publishing, posting on the WESE or WISE website, posting in schools, posting on social media sites and/or for broadcasting on television or radio as determined by the WESE Board of Directors.

☐ I hereby give permission for Recordings of my Child's name, image, student work, and performance (hereinafter collectively referred to as "Works") to be published as described above.

☐ I hereby waive any right to approve the use of these Recordings now or in the future, whether the use is known to me or unknown, and I waive any right to any royalties related to the use of these Recordings, and grant to WESE a perpetual license to the Works contained in the Recordings for the purpose only of the publication and reproduction as described herein.

☐ I understand that the Recordings may appear in electronic form on the internet or in other publications outside of WESE or WISE control. I agree that I will not hold WESE or WISE responsible for any harm that may arise from such unauthorized reproduction.

☐ I DO NOT GIVE PERMISSION for WESE to publish any Recordings of my Child or their Works.

### Part 2 – Media Specific

I also understand that external media organizations may attend school events.

☐ I AGREE that my Child may participate in media events that may be published or broadcast by organizations external to WESE or WISE.

☐ I give permission for my Child's Works to be photographed, filmed, audio-taped or videotaped for the purpose of being published and/or broadcast on-line, on television or radio by third-parties approved by WESE.

☐ I DO NOT WISH my Child to be photographed, filmed, audio-taped or videotaped at media events.

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## Student Media Release Consent - cont'd

☐ I have read this Student Media Release Consent Form and I fully understand the contents and meaning of this release. I understand that I am free to contact the WESE board or Principal with any questions regarding this release.

☐ I understand this consent applies to all Recordings made while my Child is enrolled at WISE and WESE programs. This consent shall survive even after my Child ceases to be enrolled at WISE and WESE programs.

☐ I may revoke my consent herein granted at any time, but that shall not affect the rights of WESE to use the Recordings published while this consent was in effect.

#1 Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

#2 Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



## Volunteer Commitment

“Many Hands Make Light Work”

Welcome to the WESE community! This flourishing school depends on it's committed parent body. There are many ways to contribute time to the school, enriching not only our children's experiences, but our own. All families are encouraged to sign up for a minimum of 20 hours of service throughout the year. There are many opportunities within each class and within the school as a whole to contribute. Volunteers are required to submit a Criminal Record Check for any overnight field trips.

Student(s) Name(s) and Grade(s): \_\_\_\_\_

Volunteer name: \_\_\_\_\_ Email: \_\_\_\_\_  
Volunteer name: \_\_\_\_\_ Email: \_\_\_\_\_

- ☐ ☐ **Communications** - Monthly newsletter creation, web design and IT expertise are all part of this team.
- ☐ ☐ **Maintenance and Carpentry** - Repairing equipment, installing shelves and building all sorts of things are just some of the jobs that come up. All of this is done by volunteers in our school!
- ☐ ☐ **Workbees** - Quarterly workbees (done on a weekend) are a great way to meet fellow parents and have fun, all while keeping our school in great working order.
- ☐ ☐ **Sewing** - From crayon wraps to aprons to handwork bags, sewing skills are always needed.
- ☐ ☐ **Gardening** - Beautify the school! Flower planting, hedge trimming, and all around aesthetic maintenance. Especially through the summer, watering and weeding help is so appreciated.
- ☐ ☐ **Playground** - Managing the play pod and shed materials; planning for future playground development.
- ☐ ☐ **Fundraising** - Creating and managing our in-house initiatives; supporting and growing the success of our Elevate WISE campaign.
- ☐ ☐ **Fairs and Festivals** - Pumpkin Walk, Winter Fair and Mayfair are beloved fairs that show the heart of our community. Many hands are needed in preparing and executing these events. Our in-school festivals, such as Michaelmas, Advent, La Chandeleur and more also need support.
- ☐ ☐ **Other** - \_\_\_\_\_

## Community Directory Information Sheet

The Waldorf Education Society of Edmonton has a talented, committed and vibrant community base with many volunteers and hours committed every year. As such, we are creating a WISE Community Directory to share amongst the Community with the intent to begin to provide accessible contact information and resources. With your consent, please share any of the talents, hobbies, skill sets and/or businesses connected with you and your family below. **Once collected, the WISE would publish and make the directory accessible to the internal community.**

☐ I consent to the release of the contact information below to the WISE community directory.

☐ I do not wish to include any information in the WISE community directory.

### Parent or Guardian 1

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

Business/Employer: \_\_\_\_\_

Are you a business owner? Yes No

Occupation \_\_\_\_\_

Hobbies \_\_\_\_\_

Talents \_\_\_\_\_

Musical Talents \_\_\_\_\_

Other Skills \_\_\_\_\_

Trade Skills \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

### Parent or Guardian 2

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

Business/Employer: \_\_\_\_\_

Are you a business owner? Yes No

Occupation \_\_\_\_\_

Hobbies \_\_\_\_\_

Talents \_\_\_\_\_

Musical Talents \_\_\_\_\_

Other Skills \_\_\_\_\_

Trade Skills \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

### Other Skills and/or Contacts?

Please Specify: \_\_\_\_\_

\_\_\_\_\_