



[www.stalbertnatureschool.ca](http://www.stalbertnatureschool.ca)  
[stalbertnatureschool@gmail.com](mailto:stalbertnatureschool@gmail.com)

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# St. Albert Nature School Wednesdays in the Woods Fall 2023



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Welcome to St. Albert Nature School!

In order for your registration to be considered complete, please ensure the following:

- 1) this registration form is completed
- 2) permission forms are signed
- 3) Registration fee AND payment of session fee for Wednesdays in the Woods (\$325)

PLEASE READ FORM CAREFULLY

Welcome to St. Albert Nature School Registration. We provide an opportunity for physical, social, emotional and cognitive growth in a positive outdoor learning environment. Our Wednesdays in the Woods program is a play based program for Kindergarten aged children.

**Wednesdays in the Woods- SAMBA (Kindergarten age children)**

Wednesday afternoons from 12:30-2:30

\$75 non-refundable/one time registration fee + \$250/session of 11 classes  
(September-November)

**Dates:** Sept. 20 & 27, Oct. 4, 11, 18 & 25, Nov. 1, 8, 15, 22, 29

\*COMPLETED registration forms are processed in the order in which they are received.

\*\*Cheques should be made out to St. Albert Nature School

\*\*\* If needing to withdraw from the program, a refund for the session fee can be given up until the first class. After the first class, no refunds will be issued.

We will confirm your registration status upon receipt of your application.

We look forward to seeing you and your child in September and welcoming you to Nature School . If you have any questions, please email us at [stalbertnatureschool@gmail.com](mailto:stalbertnatureschool@gmail.com).

Yours Truly,

Nicole Tomas and Lori Waters-Sim  
Owners/Operators  
St. Albert Nature School



## St. Albert Nature School- Registration Form

### Wednesdays in the Woods

| CHILD INFORMATION                                      |                   | CHILDS DATE OF BIRTH (DD/MM/YYYY) |             |   |
|--|-------------------|-----------------------------------|-------------|---|
| CHILD'S LAST NAME                                      | CHILDS FIRST NAME | CHILD'S MIDDLE NAME               | M           | F |
| ADDRESS  |                   |                                   | POSTAL CODE |   |
| PARENT/GUARDIAN  |                   | HOME NUMBER                       |             |   |
| ADDRESS (if different than childs)                     |                   | CELL NUMBER                       |             |   |
| OCCUPATION   |                   | WORK NUMBER                       |             |   |
| PARENT/GUARDIAN  |                   | HOME NUMBER                       |             |   |
| ADDRESS (if different than childs)                     |                   | CELL NUMBER                       |             |   |
| OCCUPATION   |                   | WORK NUMBER                       |             |   |
| CONTACT EMAIL ADDRESS OR ADDRESSES (for class notices) |                   |                                   |             |   |

| EMERGENCY CONTACTS (other than parent/guardian) |                       |                        |
|---|-----------------------|------------------------|
| FULL NAME                                       | RELATIONSHIP TO CHILD | PHONE NUMBER           |
| ADDRESS   |                       | ALTERNATE PHONE NUMBER |
| FULL NAME                                       | RELATIONSHIP TO CHILD | PHONE NUMBER           |
| ADDRESS   |                       | ALTERNATE PHONE NUMBER |

| PERSON(S) AUTHORIZED TO PICK UP CHILD (other than parent/guardian) |                       |              |
|--|-----------------------|--------------|
| FULL NAME  | RELATIONSHIP TO CHILD | PHONE NUMBER |
| FULL NAME  | RELATIONSHIP TO CHILD | PHONE NUMBER |



| <b>HEALTH INFORMATION</b>  |  |               |     |    |
|--|--|---------------|-----|----|
| ALBERTA HEALTH CARE NUMBER   |  | FAMILY DOCTOR |     |    |
| ADDRESS  |  | PHONE NUMBER  |     |    |
| DOES THIS CHILD HAVE ANY ALLERGIES?  |  |               | YES | NO |
| (if YES, please list and explain)  |  |               |     |    |
| HAS THIS CHILD BEEN IMMUNIZED?   |  |               | YES | NO |
| HAS THIS CHILD HAD ANY MEDICAL OR EMOTIONAL CONDITIONS THAT HAVE REQUIRED INTERVENTION OR TREATMENT? |  |               | YES | NO |
| (if YES, please explain)   |  |               |     |    |
| IS THIS CHILD ON ANY REGULAR MEDICATIONS AT HOME?  |  |               | YES | NO |
| (if YES, please list)  |  |               |     |    |

| <b>CHILD'S CHARACTERISTICS</b>  |
|---|
| PLEASE TELL US ANYTHING ELSE YOU WOULD LIKE TO ABOUT YOUR CHILD THAT MAY HELP OUR TEACHERS WELCOME THEM TO THEIR CLASS. |

| <b>HOW DID YOU HEAR ABOUT US?</b> |
|-----------------------------------|
|                                   |



| TERMS OF PAYMENT   |                        |
|--|------------------------|
| <p>There is a \$75 non-refundable one-time registration fee per child. The session fee of \$250 is due upon registration. Should you wish to withdraw from the program, your session fee is fully refundable until the first day of class. After the first day, no refunds will be provided.</p> | <p><b>Initials</b></p> |

| IMAGE RELEASE  |   |
|--|---|
| <p>We will be taking photos of our students at the beginning of the year (for our school records) and throughout the year to highlight the activities in which our students are participating. Some of these photos may be used for our school website or social media pages. If you would prefer your child's picture NOT be used, please indicate this below.</p> <p>I, _____, give permission to St. Albert Nature School to take photos of my child, _____, for use:</p> <p>In St. Albert Nature School Records- we create a portable record with your child's picture that is kept for emergency purposes only.</p> <p>In monthly newsletter/calendars- these are only sent to the other families in your child's class.</p> <p>On St. Albert Nature Schools webpage, social media or for other advertising purposes</p> <p><b>Parent/Guardian Signature:</b> _____</p> <p><b>Date:</b> _____</p> | <p><b>Yes / No</b></p> <p><b>Yes / No</b></p> <p><b>Yes/ No</b></p> |

| DISCIPLINE POLICY   |
|---|
| <ul style="list-style-type: none"> <li>• The guidelines for discipline within our preschool are as follows. Set up clear, easy to understand expectations. Repeat them as many times as necessary throughout the year.</li> <li>• Reinforce positively when a child is following an expectation by describing what you see. Example: "I see you remembered to throw the trash in the can. Good for you!"</li> <li>• When a negative behavior occurs: First: State the positive expectation ("blocks are for building"); Second: If you see the child is not interested in what he or she is doing or doesn't feel like doing it, help the child find something else to do.</li> </ul> |



- If the child’s behavior is harmful to others, try the above step first. If that doesn’t work, stay with the child (children) and model good play techniques. Play with the child or children.
- Speak privately with a child who needs some guidance and attention and explain expectations.
- Help the children problem solve with each other. Facilitate and stay close by as children get back into a play situation. Observe. Time aside with a child may be necessary for a few minutes if behaviour continues.
- Quiet time may be needed. Child will be directed to a quiet area and explained that they are welcome to return to activities when they feel they are ready to play in an appropriate manner.
- If negative behaviors continue and the above steps are not working, call for a parent conference to discuss the child and negative situations that occur frequently. Work with the parents for the benefit of the child.
- If negative behavior still continues, the teacher will call another conference with the parents to discuss the problems and seek further solutions.
- If the child is harming other children continuously, we may ask that the parent attend school with his or her child until we feel the problem has subsided.
- If the general atmosphere of the classroom is continually disrupted by a particular child after all steps are taken; or the Director feels the preschool is not meeting the needs of a particular child, the Director reserves the right to no longer have the child attend the preschool.

|  |                        |
|--|------------------------|
| <p><b>I have read and agree to the terms outlined in the Discipline Policies for St. Albert Nature School’s Preschool Program.</b></p> | <p><u>Initials</u></p> |
|--|------------------------|

**ILLNESS POLICY**

If the following symptoms are observed in a child at St. Albert Nature School, steps will be taken by the staff to have the child removed from the program:

- vomiting, having a fever ( a temperature over 38°C or 100°F), diarrhea, a new or unexplained rash, severe coughing, difficult or rapid breathing, yellowish skin or eyes or pink eyes.
- a child who requires greater care and attention than can be provided without compromising the care of the other children in the program
- a child who has or displays any other illness or symptom the staff member knows or believes may indicate that the child poses a health risk to persons on the program premises.



In the event that a parent is unable to arrange for the immediate removal of a child, employees will ensure supervised care for the child in a space separate from other children until the child can be removed from the facility.

Parents will be advised to keep the child at home until the child's condition improves and is symptom free for at least 24 hours OR parent has a physician's note saying that the child no longer poses a health risk to other people on the program premises.

**I have read and agree to the terms outlined in the Illness Policies for St. Albert Nature School's Preschool Program.**

Initials

PARENT/GUARDIAN SIGNATURE

DATE



## CONSENT FOR EMERGENCY MEDICAL TREATMENT

If your child needs emergency medical care and you aren't available to give formal consent to medical authorities, care may be unnecessarily delayed. To protect your child, complete the EMERGENCY CONSENT FORM below and return to the St. Albert Nature School. In the event of a medical emergency, the form will accompany your child to the hospital/clinic so that medical treatment can be rendered.

I/we hereby give consent for all medical treatment that may be required for our child during our absence:

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Allergies: \_\_\_\_\_

Other Information: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

AB Health Care #: \_\_\_\_\_

### **Family Contact Information**

Parent/Guardian Name: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

Alternate Emergency Contact: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_





## General Off-Site Permission Form

### Parent/Guardian Permission for Student Participation

We are the parents or legal guardians of \_\_\_\_\_ (the “Participant”) and we hereby give consent and permission for the Participant to attend and participate in the following daily activities offered by St. Albert Nature School during the 2023-2024 school year.

Description of Proposed Off-Site Activities (the “Activities”): Walking trips through the Red Willow Trail System, trips to the St. Albert Botanic Gardens, visiting the Sturgeon River, use of all SAMBA grounds (SAMBA site) OR walking trips through the North Ridge neighborhood, use of all Sturgeon Heights grounds (NR site)

Proposed Itinerary (including method of transportation): Daily activities at St. Albert Nature School may include visiting a variety of locations surrounding our classroom. All trips will be done on foot and within the time frame of class hours.

Cost to Student (if any): NONE

In consideration of the Participant being permitted to participate in, or attend and observe the Activities, we agree and acknowledge for ourselves, on behalf of the Participant and for the Participant’s personal representatives, heirs, estate, executors and next of kin that:

1. We are aware that participating in, or attending and observing the Activities can involve hazards and risks of loss or damage to personal property, personal injury, illness or death and that these risks and hazards may include but are not limited to falling, slipping, colliding with and being struck by objects, acts of other participants (including from the failure of other participants to follow instructions), manufacturers defects or malfunctions in equipment, weather conditions (including unforeseen, inclement or intemperate weather), consumption of food and drink, first aid, emergency treatment or other services provided.
2. We acknowledge that hazards and risks are inherent to the Activities and eliminating the hazards and risks would compromise the unique character of the St. Albert Nature School experience. We acknowledge that the Participant’s participation in all such Activities, as well as attending and observing the Activities, is voluntary knowing of these hazards and risks and the Participant is participating or attending and observing at our risk and his/her own risk.
3. We acknowledge and agree that we and the Participant are freely and voluntarily assuming any and all hazards and risks arising from the Participant’s participation in the Activities, or arising from his/her attendance and observation of the Activities.



4. St. Albert Nature School and any and all of its officers, directors, employees and volunteers (including without limitation Lori Waters-Sim and Nicole Tomas), and their respective personal representatives, estates, heirs and next of kin (collectively the “Releasees”) are not responsible for any property loss or damage, personal injury, illness or death, however caused, arising from the Participant’s participation in the Activities, or arising from his/her attendance and observation of the Activities.

5. On our own behalf and on behalf of the Participant and on behalf of his/her personal representatives, heirs, estate and next of kin we, through our guardianship and agency hereby remise, release, discharge, waive, indemnify and save harmless the Releasees and each of them from any and all liability, costs (including without limitation legal costs), claims, damages, demands, actions and causes of actions at law, by statute and/or in equity arising as a result of any property loss or damage, personal injury or death suffered by the Participant as a direct or indirect result of, or howsoever in connection with, participating in, or attending and observing the Activities.

6. We understand that by signing this document we are giving up certain legal rights, including the right to sue if the Participant is injured and that the Participant is also giving up these legal rights. We understand that the Participant will be forever precluded from suing or otherwise claiming against the Releasees or any of them for any property loss or damage, personal injury or death that the Participant may sustain through or in connection with participating in, or attending and observing the Activities, and that any such claims on the Participant’s behalf made by us or by any other parties will also be precluded.

7. This document is intended to be as broad and inclusive as is permitted by the laws of the Province of Alberta, and if any portion of this document is held invalid, the balance shall continue in full legal force and effect.

We hereby acknowledge that we have read this document and agree and consent to all terms and conditions set out herein on our own behalf and on behalf of the Participant. We do not rely on any oral or written statements or assurances made by St. Albert Nature School or its staff other than as set out in this document.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 2023.

\_\_\_\_\_  
Name of Parent or Legal Guardian  
(Please print)

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Name of Parent or Legal Guardian  
(Please print)

\_\_\_\_\_  
Signature of Parent or Legal Guardian



## **PARENT/GUARDIAN RELEASE, WAIVER OF CLAIM, INDEMNITY AND ACKNOWLEDGMENT OF RISK**

**READ THIS DOCUMENT CAREFULLY. IF YOU DO NOT UNDERSTAND THIS DOCUMENT,  
PLEASE ASK FOR ASSISTANCE PRIOR TO SIGNING.**

We are the parents or legal guardians of \_\_\_\_\_ (the "Participant"). We consent to and provide permission to the Participant to participate in and/or attend and observe certain activities, including outdoor educational activities, exploration of natural areas, physical education, consumption of food and drinks and related activities, (collectively the "Activities") offered by the St. Albert Nature School and its staff.

In consideration of the Participant being permitted to participate in, or attend and observe the Activities, we agree and acknowledge for ourselves, on behalf of the Participant and for the Participant's personal representatives, heirs, estate, executors and next of kin that:

1. We are aware that participating in, or attending and observing the Activities can involve hazards and risks of loss or damage to personal property, personal injury, illness or death and that these risks and hazards may include but are not limited to falling, slipping, colliding with and being struck by objects, acts of other participants (including from the failure of other participants to follow instructions), manufacturer's defects or malfunctions in equipment, weather conditions (including unforeseen, inclement or intemperate weather), consumption of food and drink, first aid, emergency treatment or other services provided.
2. We acknowledge that hazards and risks are inherent to the Activities and eliminating the hazards and risks would compromise the unique character of the St. Albert Nature School experience. We acknowledge that the Participant's participation in all such Activities, as well as attending and observing the Activities, is voluntary knowing of these hazards and risks and the Participant is participating or attending and observing at our risk and his/her own risk.
3. We acknowledge and agree that we and the Participant are freely and voluntarily assuming any and all hazards and risks arising from the Participant's participation in the Activities, or arising from his/her attendance and observation of the Activities.
4. St. Albert Nature School and any and all of its officers, directors, employees and volunteers (including without limitation Lori Waters-Sim and Nicole Tomas), and their respective personal representatives, estates, heirs and next of kin (collectively the "Releasees") are not responsible for any property loss or damage, personal injury, illness or death, however caused, arising from the Participant's participation in, or attendance and observation of the Activities, including without



limitation negligence or gross negligence on the part of any of the Releasees, breach of contract, occupier's liability or any other tort or cause of action at common law, in equity or by statute.

5. On our own behalf and on behalf of the Participant and on behalf of his/her personal representatives, heirs, estate and next of kin we, through our guardianship and agency hereby remise, release, discharge, waive, indemnify and save harmless the Releasees and each of them from any and all liability, costs (including without limitation legal costs), claims, damages, demands, actions and causes of actions at law, by statute and/or in equity arising as a result of any property loss or damage, personal injury or death suffered by the Participant as a direct or indirect result of, or howsoever in connection with, participating in, or attending and observing the Activities.

6. We understand that by signing this document we are giving up certain legal rights, including the right to sue if the Participant is injured and that the Participant is also giving up these legal rights. We understand that the Participant will be forever precluded from suing or otherwise claiming against the Releasees or any of them for any property loss or damage, personal injury or death that the Participant may sustain through or in connection with participating in, or attending and observing the Activities, and that any such claims on the Participant's behalf made by us or by any other parties will also be precluded.

7. This document is intended to be as broad and inclusive as is permitted by the laws of the Province of Alberta, and if any portion of this document is held invalid, the balance shall continue in full legal force and effect.

We hereby acknowledge that we have read this document and agree and consent to all terms and conditions set out herein on our own behalf and on behalf of the Participant. We do not rely on any oral or written statements or assurances made by St. Albert Nature School or its staff other than as set out in this document.

DATED this \_\_\_\_ day of \_\_\_\_\_, 2023.

\_\_\_\_\_  
Name of Parent or Legal Guardian    Signature of Parent or Legal Guardian  
(Please print)

\_\_\_\_\_  
Name of Parent or Legal Guardian    Signature of Parent or Legal Guardian  
(Please print)