

## Registration Check List – 2016/2017

### **Welcome to Green Door Preschool!**

The following information will help you prepare for the registration of your child for the 2016 / 2017 year. Please read through this page and complete the checklist before coming to the registration day.

### **Registration Checklist**

In order to register your child in one of our classes you must provide the following:

- Completed and signed registration form (attached)
- Completed and signed health record form (attached)
- 9 post-dated cheques for the monthly fee (dated September 1, 2016 to May 1, 2017)
- \$75.00 registration fee (non-refundable) - payable at the time of registration
- June's fee (Same as the monthly fee) payable at the time of registration

### **Additional Information**

- Class placements will be on a first come, first served basis.
- Those currently registered in a class and wait listed in another class will receive priority over those not registered in the school and on a wait list.
- We require written notice of one month to withdraw your child from Green Door. For example: if leaving March 1, you must present written notice by February 1. If the one-month notice is not provided, you are responsible for one month's fee.
- There will be a \$30.00 NSF fee charged for all returned cheques.

Please call Debbie at (403) 870-7367 if you require more information or assistance with registration.

You can also visit and tell your friends about our website at [www.greendoorschool.ca](http://www.greendoorschool.ca)

Thank you for your support!

Registration Form Director: Debbie Sheppard

Midnapore

Pre-Reg Fee & June Fee

Post dated cheques: Sept Oct Nov Dec Jan Feb Mar April May

Child's Name: \_\_\_\_\_ Sex: M\_\_F\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent's Names: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Allergies \_\_\_\_\_

Person(s) to pick up your child: \_\_\_\_\_

Please Mark 1st, 2nd, and 3rd choice

PROGRAM CHOICES

Three Year Old Program 2.5 Hours: \$200.00 per month + \$75.00 Registration Fee

Tues, & Thurs. 9:00 am - 11:30 am 3A\_\_ 3AA\_\_

Tues, & Thurs. 12:00 pm - 2:30 pm 3B\_\_

Four Year Old Program 3 Hours: \$285.00 per month + \$75.00 Registration Fee

Mon, Wed, & Fri. 9:00 am - 12:00 pm 4A\_\_

Mon, Wed, & Fri. 12:30 pm - 3:30 pm 4B\_\_

Four Year Old Program (Modified) 2.5 Hours: \$210.00 per month + \$75.00 Registration Fee

Tues, & Thurs. 12:00 pm - 2:30 pm 4MB\_\_

Junior Kindergarten Program 3 Hours: \$295.00 per month + \$75.00 Registration Fee

Mon, Wed, & Fri. 9:00 am - 12:00 pm JKA\_\_

Mon, Wed, Fri. 12:30 pm - 3:30 pm JKB\_\_

Office Use Only: Registration Fee \$ \_\_\_\_\_ Cheque # \_\_\_\_\_ Date \_\_\_\_\_
June Fee \$ \_\_\_\_\_ Cheque # \_\_\_\_\_ Date \_\_\_\_\_

Photo of your child:

Date of Enrolment: \_\_\_\_\_

Child's Legal Name: \_\_\_\_\_  
Surname First Middle

Name Child responds to: \_\_\_\_\_

Child's Birth date: Day \_\_\_ Month \_\_\_\_\_ Year \_\_\_ Sex: M\_\_ F\_\_

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

Child's first language: \_\_\_\_\_ Child's second language: \_\_\_\_\_

Mother's:

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone Home \_\_\_\_\_

Work/Cell \_\_\_\_\_

Place of Work \_\_\_\_\_

Address \_\_\_\_\_

E-mail \_\_\_\_\_

Father's:

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone Home \_\_\_\_\_

Work/Cell \_\_\_\_\_

Place of Work \_\_\_\_\_

Address \_\_\_\_\_

E-mail \_\_\_\_\_

I have enclosed the \$75.00 registration fee plus June's fee and nine post dated cheques made payable to Green Door Nursery School Ltd. Yes \_\_\_\_\_

Other Person(s) living in the home:

Children: \_\_\_\_\_ Age \_\_\_\_\_ M \_\_\_ F \_\_\_

Children: \_\_\_\_\_ Age \_\_\_\_\_ M \_\_\_ F \_\_\_

Children: \_\_\_\_\_ Age \_\_\_\_\_ M \_\_\_ F \_\_\_

Adults: \_\_\_\_\_ Relationship: \_\_\_\_\_

Adults: \_\_\_\_\_ Relationship: \_\_\_\_\_

Person(s) Authorized to pick up Child (other than parents):

1. \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

3. \_\_\_\_\_ Phone: \_\_\_\_\_

4. \_\_\_\_\_ Phone: \_\_\_\_\_

Alternate Emergency Contact(s) to call incase of emergency:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

If there is a custody agreement please give details: \_\_\_\_\_

Indicate anyone to whom your child may not be released: \_\_\_\_\_

Experience away from home? (Daycare, Sunday school, Music, Dance, Day-home, Preschool)

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes please describe: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

When attended: \_\_\_\_\_

We require a written notice one month prior to withdrawal from Green Door (i.e. if leaving September 1, you must present written notice by August 1). If one month's notice is not provided the fee for that month will be forfeited.

I hereby give Green Door Nursery School Ltd permission to take pictures/videos of my child for use in advertising such as websites, newspapers and magazines. I also give permission for my child's picture/video to be taken at special events such as Halloween, Christmas, Easter, field trips and any other special events that parents are welcome to attend. I have read and understand the discipline polices of Green Door.

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

## Health Record

Alberta Health Care Insurance Number: \_\_\_\_\_

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

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

Is your child immunization up to date? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, please explain: \_\_\_\_\_

Is your child on any ongoing medication? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_ If yes please describe: \_\_\_\_\_

Any special diet concerns? \_\_\_\_\_

Has your child any medical or emotional conditions requiring treatment or supervision?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Any comments or concerns you feel my help in any way: \_\_\_\_\_

In the event of an accident, I give permission to Green Door Nursery School Ltd. to contact Emergency Medical Services and if deemed necessary transport my child to a medical facility at my expense. I give permission for my child to accompany his/her class offsite incase of an emergency. I have also read and agree to the discipline policies.

I declare that the information contained in this "Health Record" is true and correct.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_