

## Application Check List – 2024/2025

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

The following information will help you prepare for the application of your child for the 2024 / 2025 year. Please read through this page and complete the checklist before coming to the registration day.

### ***Application Checklist***

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)
- E-transfers are due on the first of every month
- \$100.00 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.
- All e-transfers can be to [debbie@greendoorschool.ca](mailto:debbie@greendoorschool.ca)
- 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 waitlist.
- 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.(If paying by cheques)

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

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

Thank you for your support!

**Application Form** Director: Debbie Sheppard

**Trico**

Pre-Reg Fee & June Fee

E-transfers: 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: \_\_\_\_\_

**Mark 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> choice**

### PROGRAM CHOICES

**(Please ask about our 5 days a week option)**

**Three-Year-Old Program 3 Hours:** \$182.00 per month (after government funding) + \$100.00 Registration Fee

Tues, & Thurs. 9:00 am - 12:00 pm 3A\_\_

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

**Four-Year-Old Program 3 Hours:** \$234.00 per month (after government funding) + \$100.00 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) 3 Hours:** \$197.00 per month (after government funding) + \$100.00 Registration Fee

Tues, & Thurs. 9:00 am - 12:00 pm 4MA\_\_

Tues, & Thurs. 12:30 pm - 3:30 pm 4MB\_\_

**Junior Kindergarten Program 3 Hours:** \$244.00 per month (after government funding) + \$100.00 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 \$ _____	Etransfer # _____	Date _____
	June Fee \$ _____	Etransfer # _____	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: \_\_\_\_\_

Parent #1:

Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

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

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

Address \_\_\_\_\_

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

Parent #2:

Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

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

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

Address \_\_\_\_\_

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

I have transferred the \$100.00 registration fee plus June's fee and will etransfer on the first of every month. 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 in case 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 before 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.

(Initial)

I hereby give Green Door Nursery School Ltd permission to take pictures/videos of my child for use in advertising such as websites. I also permit 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 policies of Green Door.

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

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

## Health Record

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

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

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

Is your child's 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 may help in any way: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In the event of an accident, I permit 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 permit my child to accompany his/her class offsite in case 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: \_\_\_\_\_