

Application Check List - 2025/2026

Welcome to Green Door Preschool!

Application Checklist

The following information will help you prepare for the application of your child for the 2025 / 2026 year. Please read through this page and complete the checklist before coming to the registration day.

| 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
- 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 onemonth 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

Thank you for your support!



Application Form Director: Debbie Sheppard Trico

| Pre-Reg Fee & Jur | ne Fee | | | | | | | |
|---|---|---------------------------|--|----------|--|--|--|--|
| E-transfers: Sep | t Oct Nov Dec | Jan Feb Mar | April May | | | | | |
| Child's Name: | | Sex: MF | Birthday:/ | / | | | | |
| Address: | | Postal Co | ode: Phone: | | | | | |
| | Address: Postal Code: Phone: Parent's Names: Work Phone: Allergies | | | | | | | |
| Person(s) to pick u | ıp your child: | | | | | | | |
| Mark 1 st , 2 nd , aı | nd 3 rd choice | | | | | | | |
| | PRO | GRAM CHOICES | | | | | | |
| | (Please ask abou | ıt our 5 days a weel | (option) | | | | | |
| Three-Year-Old | | - | nment funding) + \$100.00 Registration I | -ee | | | | |
| | 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 govern | ment funding) + \$100.00 Registration F | ee | | | | |
| | Mon, Wed, & Fri. | 9:00 am - 12:00 pm | 4A | | | | | |
| | Mon, Wed, & Fri. | 12:30 pm - 3:30 pm | 4B | | | | | |
| Four-Year-Old Prog | ram (Modified) 3 Hours: \$1 | 97.00 per month (after g | overnment funding) + \$100.00 Registra | tion Fee | | | | |
| | Tues, & Thurs. | 9:00 am - 12:00 pm | 4MA | | | | | |
| | Tues, & Thurs. | 12:30 pm - 3:30 pm | 4MB | | | | | |
| <u>Junior Kinderga</u> | arten Program 3 Hours: \$2 | 44.00 per month (after go | overnment funding) + \$100.00 Registrat | tion 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 | | | | | |

GreenDoor PRESCHOOL

| Photo of your child: | | Date of Enrolment: | | |
|--|--------------------------------|--|--|--|
| | | | | |
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| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Child's Legal Name: Surname | | | | |
| 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 | | | | |
| | | | | |
| | | | | |
| Work/Cell | | | | |
| Place of Work | | | | |
| | | | | |
| E-mail | | | | |
| Parent #2: | | | | |
| Name | | | | |
| Address | | | | |
| Postal Code | | | | |
| Phone Home | | | | |
| Work/Cell | | | | |
| Place of Work | | | | |
| Address | | | | |
| E-mail | | | | |
| | | | | |
| I have transferred the \$100.00 regmonth. Yes | gistration fee plus June's fee | and will etransfer on the first of every | | |
| | | | | |

GreenDoor PRESCHOOL

Other Person(s) living in the home:

| Children: | Age | M F |
|---|--|---|
| Children: | Age | M F |
| | Age | |
| 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: | |
| Indicate anyone to whom your o | child may not be released: | |
| | iniu may not be released | |
| Experience away from home? (| Daycare, Sunday school, Music, Dance, D | Dav-home Preschool) |
| | ase describe: | |
| | | |
| | | |
| | | |
| | e month before withdrawal from Green Done month's notice is not provided the fee for | oor (i.e. if leaving September 1, you must presen or that month will be forfeited. |
| such as websites. I Christmas, Easter, fie | also permit my child's picture/video to | te pictures/videos of my child for use in advertising be taken at special events such as Halloween t parents are welcome to attend. I have read and |
| Signature: | Date: | |



Health Record

| Alberta Health Care Insurance Number: | | | | |
|---|---------------------------------|---|--|--|
| Doctor's Name: | Phone: | Phone: | | |
| Address: | | | | |
| | | If no, please explain: | | |
| | | | | |
| is your child on any ongoing medication? Yes | No | If yes, please explain: | | |
| Does your child have any allergies?If ye | es please desc | eribe: | | |
| | | | | |
| Any special diet concerns? | | | | |
| Has your child any medical or emotional conditions Yes If yes, plea | | ment or supervision? | | |
| | | | | |
| Any comments or concerns you feel may help in an | | | | |
| | | | | |
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| | | | | |
| | | | | |
| In the event of an accident, I permit Green Door Nu deemed necessary transport my child to a medical offsite in case of an emergency. I have also read an I declare that the information contained in this "Hea | facility at my end agree to the | xpense. I permit my child to accompany his/her class discipline policies. | | |
| Parent's Signature: | | _Date: | | |