

Application Check List - 2025 Summer School (Midnapore Location)

Welcome to Green Door Preschool!

The following information will help you prepare for the application of your child for the 2025 summer. 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:

\$25.00 month deposit (will go toward your monthly payment) It is non-refundable
Completed and signed health record form (attached)
Completed and signed application form (attached)

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.

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

Thank you for your support!



Application FormDirector: Debbie SheppardMidnapore

hild's Name:		Sex: MF	Birthday:/
ddress:		Postal Co	ode: Phone:
arent's Names:		Work Phone:	Allergies
erson(s) to pick up your	child:		
lease Mark 1 st and 2	^{2nd} choice		
	<u>PRO</u>	GRAM CHOICES	
	(Please ask a	about our 5 days a	week option)
7	wo Dav a Week Pr	ogram 3 Hours: \$182.0	00 per month (after government fundin
	-	9:00 am - 12:00 pm	
	Tues, & Thurs.	12:30 pm - 3:30 pm	B
I	hree Day a Week F	<u> Program 3 Hours</u> : \$234	.00 per month (after government fund
	Mon, Wed, & Fri.	9:00 am - 12:00 pm	A
	Mon, Wed, & Fri.	12:30 pm - 3:30 pm	В
Office Use Only:			





Photo of your child:

Date of Enrolment:_____

Child's Legal Name:				
Child's Legal Name:	Surname		First	Middle
Name Child responds	s to:			
Child's Birth date: Da	ay Month	Year	Sex: M F	
Address:				
Child's first language	<u>.</u>	Child's se	econd language:	
Parent #1:				
Name				
Phone Home				
E-mail				
Parent #2:				
Name				
Address				
E-mail				



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:				
4Phone:					
Alternate Emergency Contact(s) to call in case of emergency:				
	,				
Name:	Phone:				
If there is a custody agreement	please give details:				
Indicate anyone to whom your o	child may not be released:				
Experience away from home? (I	Daycare, Sunday school, Music, Dance, Da	y-home, Preschool)			
Yes No If yes plea	ase describe:	 			
Name of Facility:					
When attended:					
such as websites, new such as Halloween,	vspapers and magazines. I also permit my o	pictures/videos of my child for use in advertising child's picture/video to be taken at special events er special events that parents are welcome to n Door Preschool.			
Signature:	Date:				



Health Record

Alberta Health Care Insurance Number:				
Doctor's Name:	ctor's Name: 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				
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:		