



Received by: _____

Date: _____

REGISTRATION FORM

(403) 252-2288 or cell (403)466-9397

Enrollment Date: _____ School & Grade: _____

Child's Name: _____ Birthdate: _____ Male/Female _____

(D) / (M) / (Y)

Child's Address: _____ Phone: _____

FEES:

Registration Fee..... \$ 50.00 {Non-refundable registration fee} (administration -one time only per family)

Deposit..... \$500.00(refundable upon proper notice given

on the first day of the last Month. _____ (parent please sign & date)

OSC Program..... \$575.00

Kindergarten \$1000.00

July & August \$800.00 per month

****All names & addresses/phone numbers need to be filled out as per Alberta Children and Youth Services.**

Mother/Guardian Name: _____

Address Home (including postal code): _____

Work Address: _____

Home Phone: _____ Work Phone: _____

CELL #: _____ EMAIL: _____

Father/Guardian Name: _____

Address Home (including postal code): _____

Work Address: _____

Home Phone: _____ Work Phone: _____

CELL #: _____ EMAIL: _____

OTHER PERSON DESIGNATED TO TRANSPORT CHILD TO & FROM PROGRAM:

1.) Name _____ Phone: _____ Address: _____

2.) Name _____ Phone: _____ Address: _____

Revised February 2023

ALTERNATE CONTACT IN CASE OF EMERGENCY OR TO CARE FOR CHILD WHEN ILL:

1) NAME: _____ Relationship to Child: _____

Address: _____ Phone: _____

2) NAME: _____ Relationship to Child: _____

Address: _____ Phone: _____

Child's Previous Experience in a Group? Optional - helps with transition

Guidance & Control Methods that Child Responds to.

(Optional) _____

Any further information to assist the staff in knowing your child's fears, concerns, interests & needs?

(Optional) _____

I HAVE READ PARENT HANDBOOK & AGREE TO ADHERE TO THE GUIDELINES AS OUTLINED. I ACKNOWLEDGE AND ACCEPT THE DISCIPLINARY & TRANSPORTATION GUIDELINES AS SPECIFIED IN THE PARENT HANDBOOK. PLEASE NOTE: A ONE MONTHS NOTICE NEEDS TO BE GIVEN IF YOU ARE WITHDRAWING YOUR CHILD. The written notice needs to be given on or before the 1st of the last month of care. (your deposit will not be refunded if you do not give the proper notice). NO REFUND WILL BE GIVEN IF YOU ARE DISMISSED OR WITHDRAW YOU CHILD WITH OUT THE PROPER NOTICE.

PARENT(S) or GUARDIAN(S) please sign below:

_____ DATE: _____

_____ DATE: _____

Immunizations are up to date: YES or NO

Allergies/Food
restrictions _____

MEDICATIONS: _____

Cultural background: _____

STAFF MEMBERS ARE NOT RESPONSIBLE FOR LOST, MISPLACED OR BROKEN ITEMS BROUGHT FROM HOME

PAYMENT INFORMATION

*Late fees/NSF fees and late pick-up fees are outlined in Parent Handbook.

All statutory holidays we will **NOT be open & Staff Professional Days(every September Staff Professional Days will be sent out it will be 3 days per school year).

Revised February 2023