DEPOSIT PD:_____

REGISTRATION FORM

(403) 252-2288 or cell (403)404-1889

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

***We accept etransfer, cash and post- dated cheques only.**
****All names & addresses/phone numbers need to be filled out as per Alberta Children and Youth Services.**

Mother's Name:_____
Address Home (including postal code):_____
Work Address: _____
Home Phone: _____ Work Phone: _____
CELL #: _____EMAIL: _____

FATHER'S Name: _____
Address Home (including postal code):_____
Work Address: _____
Home Phone: _____ Work Phone: _____
CELL #: _____EMAIL: _____

GUARDIAN (where applicable)
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:_____

3.) Name_____Phone: _____Address:_____

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: _____

Number of Children in Family: NAME, AGE, SEX (if applicable):
_____
_____

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 MONTH NOTICE NEEDS TO BE GIVEN IF YOU ARE WITHDRAWING YOUR CHILD. (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 Please sign below:

_____DATE: _____

_____DATE: _____

Cultural/Spiritual Background: _____

Immunizations are up to date: YES or NO

Allergies/Food
restrictions_____

MEDICATIONS: _____

STAFF MEMEBERS 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 Information Guide.
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).