



#1-12 Sierra Dr SW Medicine Hat, AB T1B 4S5

Linda Tallon: 403-977-1100

preschool.littleexplorers@gmail.com

REGISTRATION FORM

Child's Name _____ Gender _____

Birth Date _____ Immunizations up to date: Yes No

Allergies _____

Medication _____

Doctor _____ Doctor's Phone _____

Special Needs/Accommodations _____

Speech/Language Concerns _____

Languages spoken at home _____

Will your child be transported via Kids Connection Daycare: Yes No

Parent's Name _____ Relationship to Child _____

Home Address _____ City/Postal Code _____

Cell Phone _____ Home Phone _____

Place of Work _____ Work Phone _____

Email address (newsletter/communication) _____

Parent's Name _____ Relationship to Child _____

Home Address _____ City/Postal Code _____

Cell Phone _____ Home Phone _____

Place of Work _____ Work Phone _____

Email address (newsletter/communication) _____

Emergency Contact _____ Relationship to Child _____

Cell Phone _____ Home Phone _____

Please Initial

_____ I certify that all information is true and correct to the best of my knowledge and will notify the preschool of any changes.

_____ I give my consent to the preschool's administrator to collect, use and share the personal information provided with the government for the purpose of providing child care services.

_____ I will make every attempt to administer medication to my child at home. In the event that the medication needs to be administered during preschool hours, the following conditions will be respected; the medicine will be prescribed and labeled with the name of a medical doctor, will be provided to a staff member in the original container with a legible prescription label indicating the date, doctor's name, dosage, instructions and your child's name.

_____ I give permission for the preschool's staff to take pictures/videos of my child(ren) in a group photo and share with the families of kids in that photo, accepting they might post that photo on their personal social media.

_____ I give permission for the preschool's staff to take pictures/videos of my child(ren) for use on Little Explorers Preschool's social media sites.

_____ I give permission for my child to accompany the preschool on fieldtrips. I understand that this includes excursions on foot, and or public transportation (i.e. walking to the gym, local parks, playgrounds, etc). Staff will be placed at the front, middle, and back of the group while walking and will be spaced evenly around the playground/green space while playing.

_____ I must provide 30 days notice to Little Explorers Preschool before withdrawing my child from the preschool. If I fail to do this, I may be required to pay for two weeks of fees.

_____ I understand that I am responsible for each month's fees. Refunds or deductions are not given for absences, school closures, or holidays.

_____ I understand that I will be charged an additional \$15 if fees aren't available on the 1st, and that the full amount is due within 10 days after notification.

Parent/Guardian Signature _____ Date _____

Additional Information

Siblings

Name_____ Name_____

Birth Date_____ Birth Date_____

Gender: Female Male Gender: Female Male

Name_____ Name_____

Birth Date_____ Birth Date_____

Gender: Female Male Gender: Female Male

School Division (if known) _____

Fees and Enrollment

A \$25.00 registration fee per child is required at the time of registration. Fees are due on the 1st of each month and are setup as a pre-authorized debit payment from your bank account. You are required to sign a PAD Agreement and provide a void cheque or a pre-authorized debit form from your bank.

Children must be 3 to 5 years of age to enroll in Little Explorers Preschool. You have the option of enrolling your child 1 to 5 times a week, either in the morning or afternoon class. Receipts will be issued upon request.

Class time and Rates: Please check off the class you wish your child to be enrolled in.

****Classes are filled on a first come first serve basis and will be confirmed when forms are returned****

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
MORNING 8:15am-11:15am					
AFTERNOON 12:15pm-3:15pm					

START DATE: _____

One class a week: \$100/month

Two classes a week: \$150/month

Three classes a week: \$225/month

Four classes a week: \$300/month

Five classes a week: \$375/month

Parent/Guardian Signature _____ Date_____

EMERGENCY HEALTH CARE CONSENT AND WAIVER

I hereby give consent for the staff at Little Explorers Preschool to perform First Aid or give medical attention to my child in the event of an emergency. I also give consent for the staff of Little Explorers Preschool to call for an ambulance or other emergency first responder (EMS, firefighter, etc.) if deemed necessary.

I hereby agree to pay any costs resulting from attendance by ambulance or other emergency first responders.

Parent/Guardian Signature_____ Date_____

Pre-Authorized Debit (PAD) Agreement

Customer Information Please print clearly

Name: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: _____

2. Bank Account Information

Deposit Account Number: _____ Branch Transit Number: _____

Financial Institution Number: _____ Chequing Account _____ Savings Account _____

Name of Financial Institution: _____

Branch Address: _____

3. Pre-Authorized Debit (PAD) Details

You the Payor authorize Little Explorers Preschool to debit the bank account identified above for

\$ _____ on the 1st of each month.

These services are for (check one) _____ personal _____ business use.

You the Payor may revoke your authorization at any time, subject to providing notice of 30 days. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit www.cdnpay.ca.

Signature of Account Holder

Signature of Joint Account Holder (if appropriate)

Name (Please print)

Name (Please print)

Date

Date

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca.

When the form is complete, drop off or email to:

Little Explorers Preschool
1-12 Sierra Dr SW
Medicine Hat, AB T1B 4S5
Tel: 403-977-1100
Email: preschool.littleexplorers@gmail.com