



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

Linda Tallon: 403-977-1100

preschool.littleexplorers@gmail.com

## REGISTRATION FORM

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**Child's Name** \_\_\_\_\_ **Gender** \_\_\_\_\_

**Birth Date** \_\_\_\_\_ **Immunizations up to date:** Yes No

**Allergies** \_\_\_\_\_

**Medication** \_\_\_\_\_

**Doctor** \_\_\_\_\_ **Doctor's Phone** \_\_\_\_\_

**Special Needs/Accommodations** \_\_\_\_\_

**Speech/Language Concerns** \_\_\_\_\_

**Religious/other celebrations your family celebrates** \_\_\_\_\_

**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.

Signature of Parent/ Guardian \_\_\_\_\_ 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\_\_\_\_\_

## Fees and Enrollment

A \$25.00 registration fee per child is required at the time of registration. Fees are due on the 1<sup>st</sup> 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<br>8:15am-11:15am   |        |         |           |          |        |
| AFTERNOON<br>12:15pm-3:15pm |        |         |           |          |        |

**START DATE:** \_\_\_\_\_

One day a week at \$75.00 a month

Two days a week at \$150 a month

Three days a week at \$225 a month

Four days a week at \$300 a month

Five days a week at \$375 a month

Signature of Parent/Guardian\_\_\_\_\_ Date\_\_\_\_\_

## **EMERGENCY HEALTH CARE CONSENT AND WAIVER**

I hereby give consent for the staff at Little Explorers Preschool to perform First Aid or medical attention in the nature of first aid for 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 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 \$ \_\_\_\_\_ .00 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](http://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](http://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](mailto:preschool.littleexplorers@gmail.com)