



Little Lambs Christian Preschool

REGISTRATION FORM 2018/2019

20 Rocky Mountain Blvd West Lethbridge, Alberta T1K 8E1

Phone: 403-892-6627 Fax: 403-320-5365

Email: preschool@littl lambspreschool.ca Website: www.littl lambspreschool.ca

Student Information

Child's Surname:	Child's Given Names:
Date of Birth: (DD/MM/YYYY)	Age as of September 1, 2018:
Address:	<input type="checkbox"/> Male <input type="checkbox"/> Female
City:	Postal Code:
Phone Number:	Email Address:

Medical Information

Child's Family Doctor	Name and Address of Clinic	Clinic Phone Number
Alberta Health Care Number	Are Child's Immunizations up-to-date? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Allergies:	Requires Epi-Pen? If yes, please complete medical form <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does Child take any ongoing medications? List <input type="checkbox"/> Yes <input type="checkbox"/> No	Does child have asthma and/or requires inhaler? If yes, please complete medical form <input type="checkbox"/> Yes <input type="checkbox"/> No	
Medical concerns or conditions:		

Parent/Guardian Information

Mother's Name	Father's Name
Address/Home Phone # (if different from child)	Address/Home Phone # (if different from child)
Cell # Work #	Cell # Work #
Place of Employment	Place of Employment

Emergency Contact Information - In the event of an emergency, if we are unable to contact you, the following individuals will be contacted and the preschool will release the child into their care if necessary. Emergency contacts must not live at the same address as the child

Emergency Contact #1 Name	Emergency Contact #2 Name
Relationship to child:	Relationship to child:
Address:(please provide street address)	Address:(please provide street address)
Home Phone #: Work Phone #: Cell Phone #:	Home Phone #: Work Phone #: Cell Phone #:

Persons Authorized to Pick up Child: _____

Class Selection and Payment Information ~ Choose from 2, 3, or 4 days/week

2 Day/ week program - \$110.00/month

Tuesday/Thursday AM Tuesday/Thursday PM

Monday/Wednesday AM Monday/Wednesday PM

3 Day/ week program - \$140.00/month (please indicate *preferred* days ~ subject to availability)

Monday AM Tuesday AM Wednesday AM Thursday AM

Monday PM Tuesday PM Wednesday PM Thursday PM

4 Day/ week program - \$180.00/month

Monday - Thursday AM Monday - Thursday PM

Make cheques payable to: **Immanuel Lutheran Church** for the 1st day of each month (Sept 2018 – June 2019)

- | | |
|---|---|
| <input type="checkbox"/> 2 Day/ week program - \$110.00/month
<input type="checkbox"/> 3 Day/ week program - \$140.00/month
<input type="checkbox"/> 4 Day/ week program - \$180.00/month | <input type="checkbox"/> \$50.00 Non refundable Registration Fee
<input type="checkbox"/> \$50.00 Consumable Fee
<input type="checkbox"/> Postdated Tuition Cheques (10 monthly cheques)
<input type="checkbox"/> Photocopy of Birth Certificate |
|---|---|

Family Information

Language spoken at home: _____

Has your child attended preschool before? If so, where? _____

Child's favorite activities _____

Child's fears _____

Are the parents living together? _____

If not, who has custody of the child during preschool hours? _____

Are there any parental access restrictions? _____

Tell us anything you feel would help the teacher meet your child's needs _____

Does the child have any siblings? If so, what are their ages? _____

Do you have any pets? If so, what are their names and types? _____

Have any of your children attended Little Lambs in the past? If yes, when _____

Church Affiliation: Lutheran Other _____
 None

How did you hear about Little Lambs? _____

Authorizations

- I agree to notify the preschool 30 days before withdrawal of my child. If notification is not given, tuition for the following month will not be refunded
 - I understand that there are no refunds given for a child's absence
 - I will keep the teacher informed of any event or change of routine at home which affects my child's behaviour
 - I will notify the preschool if there are any changes to child's medical information or emergency contact information
 - I will not send my child to preschool if he/she has any obvious symptoms of a contagious disease, fever, vomiting, etc.
 - I authorize the teacher to call my child's doctor or an ambulance when parent or guardian is not immediately available.
 - During a medical emergency I authorize Emergency medical treatment by Emergency Medical personnel
 - During a medical emergency I authorize administering of medicine by emergency personnel
 - During a medical emergency I authorize transport via ambulance
 - The school may take photographs or videos of the child
 - I give permission for above mentioned photographs/video of child to be used on the preschool website and/or in promotional materials for the preschool
 - I have read and comply with the discipline policy of Little Lambs Christian Preschool as stated in the parent handbook
 - I give permission for my child to participate in outdoor nature walks if weather permits
 - I give permission for my child to play at the playground facility at Dr. Probe Elementary School if weather permits
- All of the information in this registration form is accurate and I will inform the preschool immediately of any changes.*

Parent Signature _____ **Date** _____