

Little Lambs Christian Preschool

REGISTRATION FORM 2021/2022



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

Email: preschool@littlamlambspreschool.ca Website: www.littlamlambspreschool.ca

Student Information

Child's Surname:	Child's Given Names:
Date of Birth: (DD/MM/YYYY)	Age as of September 1, 2021:
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 #	Address/Home Phone #
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)

<input type="checkbox"/> 2 Day/ week program - \$110.00/month			
<input type="checkbox"/> Tuesday/Thursday AM	<input type="checkbox"/> Tuesday/Thursday PM		
<input type="checkbox"/> Monday/Wednesday AM	<input type="checkbox"/> Monday/Wednesday PM		
<input type="checkbox"/> 3 Day/ week program - \$140.00/month (please indicate <i>preferred</i> days ~ subject to availability)			
<input type="checkbox"/> Monday AM	<input type="checkbox"/> Tuesday AM	<input type="checkbox"/> Wednesday AM	<input type="checkbox"/> Thursday AM
<input type="checkbox"/> Monday PM	<input type="checkbox"/> Tuesday PM	<input type="checkbox"/> Wednesday PM	<input type="checkbox"/> Thursday PM
<input type="checkbox"/> 4 Day/ week program - \$180.00/month			
<input type="checkbox"/> Monday - Thursday AM	<input type="checkbox"/> Monday - Thursday PM		

Home Phone #:	<input type="checkbox"/> \$50.00 Non refundable Registration Fee
Work Phone #:	<input type="checkbox"/> \$50.00 Consumable Fee
Cell Phone #:	<input type="checkbox"/> Postdated Tuition Cheques (10 monthly cheques) _____
	<input type="checkbox"/> Photocopy of Birth Certificate

Persons Authorized to Pick up Child: _____

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

Make cheques payable to: **Immanuel Lutheran Church** for the 1st day of each month (Sept 2021 – June 2022)
 E-Transfers : admin@immanuel.lutheran.ca on the 1st day of each month (Sept 2021-June 2022)

- 2 Day/ week program - \$110.00/month
- 3 Day/ week program - \$140.00/month
- 4 Day/ week program - \$180.00/month

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 _____

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

 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** _____