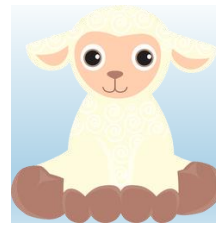


Little Lambs Christian Preschool

Registration Form 2024/2025

Phone: 403-892-6627 Email: preschool@littl lambspreschool.ca

Website: www.littl lambspreschool.ca Facebook: @LittleLambsLethAb



Student Information

Child's Surname:	Child's Given Names:
Date of Birth: (DD/MM/YYYY)	Age as of September 1, 2024
Address:	<input type="checkbox"/> Male <input type="checkbox"/> Female
City:	Postal Code:
Phone Number:	Email Address: (Print Clearly)

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:	Address:
Phone Number:	Phone Number:

Persons Authorized to Pick up Child: _____

***Please pick preferred days -and second choice by indication of #1 or #2**

- 2 Day/ week program - \$113.30/month (please indicate *preferred* days ~ subject to availability)
 - Monday AM Tuesday AM Wednesday AM Thursday AM
 - Monday PM Tuesday PM Wednesday PM Thursday PM
- 3 Day/ week program - \$144.20/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 - \$185.40/month AM PM

Office Use Only

- \$125.00 Non-Refundable Registration Fee
- \$125.00 Consumable Fee Non-Refundable after start date
- Postdated Tuition Cheques (10 monthly cheques)
- Photocopy of Birth Certificate (provided upon registration)

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 2024 – June 2025)
E-Transfers: admin@immanuelutheran.ca on or before the 1st day of each month (Sept 2024-June 2025)

Base Fee Schedule:

- 2 Day/ week program - \$113.30/month
- 3 Day/ week program - \$144.20/month
- 4 Day/ week program - \$185.40/month

After \$75.00 Federal/Provincial Affordability Grant Applied:

- 2 Day/ week program - \$38.30/month
- 3 Day/ week program - \$69.20/month
- 4 Day/ week program - \$110.40/month

*Should you require further Subsidy Information see Staff

Family Information

First Language spoken at home: _____

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

Are the parents living together? _____

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

Are there any parental access restrictions? _____

(Please provide copies of any orders)

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

Church Attended (If any): _____

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. As per Family Handbook.
- 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 behavior/impacts needs.
- 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 illness, fever, vomiting, respiratory illness. As per Family Handbook
- 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 Preschool Staff may take photos for: (check any that apply)
 - Private Family Group (Facebook)
 - Public Facebook, Business Page/Advertising/Website, Including ILC Pages.
 - None at all
- I have read and comply with the discipline policy of Little Lambs Christian Preschool as stated in the Family Handbook
- I give permission for my child to participate in outdoor nature walks if weather permits

All the information in this registration form is accurate and I will inform the preschool immediately of any changes.

Parent Signature _____ **Date** _____