



Registration Form

Only completed registration forms will be received. Registration is not complete until parents have submitted the following:

- **A Complete Registration Form**
- **A Complete Preauthorized Debit Plan Agreement**
- **\$100 Non-Refundable Registration Fee**

Fee Schedule:

Number of days per week	Half-Day Monthly fees	Full-Day Monthly fees
1	100	150
2	150	180
3	200	230
4	220	280
5	250	326

Start Date:

Please Check Class and Circle or Underline Days of Choice:

Morning Class (7:30 am to 12:00 pm) **Monday - Tuesday - Wednesday - Thursday - Friday**

Afternoon Class (12:30 pm to 5:30 pm) **Monday - Tuesday - Wednesday - Thursday - Friday**

Full Day Class (7:30 am to 5:30 pm) **Monday - Tuesday - Wednesday - Thursday - Friday**

Child's Full Name:

Birth date / / /

Child's Address

Postal Code

Mother's First Name

Last Name

Email Address

Home Telephone Number

Address (if different from child)

Postal Code

Cell Number

Father's First Name Last Name

Email Address

Home Telephone Number

Address (if different from child)

Postal Code

Cell Number

Child Emergency Contact (cannot be a parent)

Relationship to child

Cell Number

I hereby grant permission for my child to be included in evaluations, photographs, videos or interviews connected with the school program. I understand my child's photograph may be used on the Kinder Island Education Foundation Website and Pages.

I hereby acknowledge that the Director will take whatever steps necessary to obtain emergency medical care for my child, and/or to evacuate the Daycare Center in case of accident, sickness, or serious injury, if warranted. These steps may include (but are not limited to) an attempt to contact parent, guardian, or emergency contact person. If any of the stated is unsuccessful, we will call another physician, activate Emergency Medical Services or have child transported to the hospital in care of a staff member. Please note that all expenses (100%), if any, will be borne by the child's family.

I / We have been informed of the ***Behavior Guidance Policy and the Potty Training Policy***. Kinder Island Education Foundation will not be held responsible for anything that may occur as a result of false information given at the time of enrollment or withheld after.

WITHDRAWAL: 30 Days Notification on the 1st of the Month (refer to our Withdrawal Policy on our website and in the Parent Handbook for more info)

I AGREE TO ALL OF THE TERMS OUTLINED ABOVE:

Parent / Guardian Name

Signature

Date

CHILD INFORMATION

1. Are your child's immunization records up-to-date? Yes or No If no, please sign

2. Child's Alberta Health Card number

3. Has your child attended a daycare program Yes or No

If yes, please state where:

4. Does your child have any allergies? Yes or No

If yes, please state type and reaction.

5. Do you have any expectations for your child at preschool age?

6. Do you have any concerns about your child?

7. Does your child require a full-time aide? Yes or No

If yes, please explain.

Please Complete the Pre-Authorized Debit Plan Agreement below:

I authorize **Kinder Island Education Foundation** to begin the deductions of my child's preschool fees on a monthly basis.

The amount of \$100 non-refundable Registration Fee will be deducted upon registration and the full amount of \$ will be debited to our specified account on the first day of each school month so long as my child is enrolled in the program.

There will be a \$30 NSF charge for all Non-Sufficient Funds on payments

I have certain recourse rights if any debit transaction does not comply with this agreement. I have the right to receive full reimbursement for any payment that is not authorized or is not consistent with this agreement.

Please Print

Date:

Child's name:

Account Holder Name:

Financial Institution:

Bank Name:

FI Account Number: FI Transit Number

(Branch – 5 digits; FI – 3 digits)

Address of home branch:

City/Town:

Province:

Postal Code

Authorized Signature:

