

SEEDLINGS PRESCHOOL

REGISTRATION

Please submit to the preschool:

1. Forms:

Complete Registration Form (pages 1 & 2)

Media Release Agreement

Medication Consent Form (If applicable)

PAD Form (Pre-Authorized Debit Plan Agreement)

If submitting forms by email please also send it by mail or bring a paper copy to preschool on the first day of classes.

2. One Registration payment including:

Annual family registration fee: \$75

Annual materials fee: (Amount on Registration form or Class and Fee Schedule)

Deposit fee:

Half day program: June 2019 monthly fee

Full day program: September 2018 monthly fee

Please refer to the Class and Fee Schedule or registration forms which include the different class options and fees

For Registration payment please choose one of the following:

1. E-transfer to seedlingsspanish@gmail.com

Please choose one of the following questions and answers for the transaction:

Language taught: Spanish

Name of preschool: Seedlings

Initials of preschool: SSP

2. Send a cheque dated DAY OF REGISTRATION written to: SSP

Mailing address:

SSP

18 Cougarstone Terrace SW

T3H 4Z8

Seedlings Preschool

Registration Form 2018 - 2019 - BANFF TRAIL Community Center - Preschool & Kinder

BASIC INFORMATION

Name of child:			
Date of birth:			
Address:			
Postal Code:		Phone #:	
e-mail:			
Name of Parents or Guardians:			Address & Ph. No. (If different from child's)
Mother:			
Father:			
Parent's Workplace:			
Mother:		Work Phone #:	
Father:		Work Phone #:	

PRESCHOOL & KINDER PROGRAMS

PROGRAM SELECTION

HALF DAY CLASSES

DAYS

TUESDAY

THURSDAY

Morning class:

AM - 9:00 - 11:50

Monthly fee:

\$245

REGISTRATION: Based on Class and Fee Schedule please submit the following cheque for registration:

Please write cheque to: SSP

Mailing address: 18 Cougarstone Terrace SW T3H 4Z8.

PAYMENT AT REGISTRATION

(Reg., Materials & Deposit fees)

NON REDUNDABLE registration fee (dated day of registration) - (one per family)	\$	75.00
NON REDUNDABLE deposit - June 2019 monthly fee (dated day of registration)- Amount on class & fee schedule	\$	245.00
Refundable materials annual fee (dated day of registration)	\$	45.00
ONE CHEQUE - DATED DAY OF REGISTRATION - TOTAL AMOUNT:	\$	365.00
PRE-AUTHORIZED DEBIT AGREEMENT. (Please fill out and sign PAD form)		
9 PAYMENTS: Sept. 1 2018 to May 1 2019 cheques - Monthly fee - PAD Agreement amount	\$	245.00

REGISTRATION AND WITHDRAWAL POLICY

Registration fee: This is a non-refundable fee.

Materials fee: This is a refundable fee in case that the child is withdrawn from the program prior to the beginning of the school year.

Deposit fee: This is the total amount of the last monthly fee of the preschool year (June 2019).

The Deposit fee will only be refundable for students attending the preschool for at least 2 months and with a 2 months in advance written notice.

In the case of withdrawal of a child, 2 months written notice is required for PAD agreement termination

Notice must be received on or before the 1 of the month. No rebate of fees will be given for temporary absences.

With this registration I agree to give SSP two month's notice of withdrawal / absence or I will forfeit two month's payment.

Signature of Parent/Guardian

Date

KNOWING YOUR CHILD

Please describe below your child personality, what activities he/she enjoys or not, what makes him/her happy and sad, his/her favorite game, book, character, what cheers him/her up when upset, ..., every thing that you think is good to share with us.

Blank lines for describing the child's personality and preferences.

EMERGENCY CONTACTS & MEDICAL INFORMATION

Alternative Contact	relationship
Home address	cell phone
Work address	phone
Alternative Contact	relationship
Home address	cell phone
Work address	phone

Medical Information

Children's AHC # _____

Family Doctor	phone
Work address	

Child Information

Is your child allergic? If so, how does it usually manifest itself?

Other allergies or restrictions

Physical Disabilities or restrictions

If your child has an allergy we are required to have written instructions on how to proceed in case that your child has a reaction. Please write down the specific instructions on how to deal with the allergy.

Are immunizations up to date?

If your child is under medication and he has to take it during class, contact Judith Sanchez at 403-210-0604 and leave a written note with the teacher giving exact instructions on how to give the medication to your child.

Medical Release

In the event of any accident or sudden illness, I _____ hereby give permission for emergency medical treatment for my child, _____. I understand that Seedlings Spanish Preschool staff will call me or my emergency contact person prior to leaving for the emergency destination. I will be responsible for any and all related expenses such as ambulance, taxi, etc...

Signature	Date
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Consent for Community walk and outdoor movement activity

Seedlings staff organize community walks and outdoor activities. (art /snack / movement / science / story time)

If a parent does not want the child to participate in those activities in a specific day it is the caregiver's responsibility to communicate it in writing to the teachers with a signed note at drop off time in the communication's book.

Photo and Video Permission

A fundamental component of the Reggio approach to education is documentation. Pictures and videos taken in class or events are valuable tools for that matter as well as for internal program evaluation and training purposes. Seedlings also shares some pictures with families through power point presentations sent by email and possibly through Facebook or the preschool website gallery. Those pictures will not include children's faces unless we have parents/guardian consent. If you don't consent please write it clearly

Please let us know how did you hear about us: Website _____ Child Magazine _____ Street Sign _____ Word of mouth _____ Flyer _____ Other: _____

PARENT HANDBOOK AGREEMENT

I have been given the Seedlings Spanish Preschool parent Handbook and agree with the policies contained within

Signature	Date
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