

# Seedlings Early Learning

SUMMER CAMP - RECREATIONAL PROGRAM  
STRATHCONA COMMUNITY CENTER - JULY 15 TO JULY 19 - 2019

Name of child: \_\_\_\_\_ Date of birth \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

e-mail: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of Parents or Guardians: \_\_\_\_\_

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

Parent's Workplace: \_\_\_\_\_

Mother: \_\_\_\_\_ Work/Cell Phone #: \_\_\_\_\_

Father: \_\_\_\_\_ Work/Cell Phone #: \_\_\_\_\_

Class & Fee Schedule

Monday to Friday 9:00 - 12:00 \$200 (Half Time option)

Monday to Friday 9:00 - 4:00 \$290 (Full Time option)

Before Care 7:30am - 9:00am \$50 (optional)

After Care 4:00pm - 5:30pm \$50 (optional)

**Siblings discount: 10% discount - First child: full fee**

First child \$ \_\_\_\_\_

Additional child / children: \$ \_\_\_\_\_

TOTAL: \$ \_\_\_\_\_

**REGISTRATION**

Please fill out and sign registration form.

Payment - option 1. e-transfer: seedlingsspanish@gmail.com

Payment - option 2. mail cheque to office address. (cheque made to SSP dated day of registration)

Address: 18 Cougarstone Terrace SW Calgary AB T3H 4Z8

**WITHDRAWAL POLICY**

In case of withdrawal from the program the registration 90% of the fee will be refundable until June 1 of the school year

**EMERGENCY CONTACTS & MEDICAL INFORMATION**

**Alternative Contact** \_\_\_\_\_ relationship \_\_\_\_\_

Home address \_\_\_\_\_ cell phone \_\_\_\_\_

Work address \_\_\_\_\_ phone \_\_\_\_\_

Home address \_\_\_\_\_ relationship \_\_\_\_\_

Work address \_\_\_\_\_ cell phone \_\_\_\_\_

**Medical Information**

Children's AHC # \_\_\_\_\_

Family Doctor \_\_\_\_\_ phone \_\_\_\_\_

Work address \_\_\_\_\_ phone \_\_\_\_\_

**Child Information**

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

\_\_\_\_\_

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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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 \_\_\_\_\_