



PLEASE RETURN THIS FORM TO THE OFFICE, ALONG WITH THE \$300.00 **NONREFUNDABLE REGISTRATION FEE** TO SECURE A SEAT IN YOUR CLASS OF CHOICE. To avoid disappointment, we highly recommend that you submit this form early - on or before January 16, 2025

2025 - 2026 Registration Form

Child's Full Name:

Date of Birth:

Child's Full Address: street, city, postal code

Home Phone:

Mother's Full Name:

Father's Full Name:

Mother's Address if same as child's

Father's Address: if same as child's

Mother's Cell Number:

Father's Cell Number:

Mother's Email Address:

Father's Email Address:

Alberta Health Number:

Emergency Contact:

Phone Number:

Emergency Contact Address: house number and street, city

Medical Conditions:

Allergies:

Immunizations Current:

Yes

No

If no, I am aware of the risks of not having my child immunized and am aware that my child will be participating in group activities. Parent Signature: _____

Are there any special circumstances that we should be aware of ie: custody issues _____

Program Enrolled:

Pre-School M/W/F 9:00 - 11:30

Pre-School M/W/F 12:30 - 3:00

Pre-School T/Th 9:00 - 11:30

Pre-School T/Th 12:30 - 3:00

Pre-School M-F 9:00 - 3:00

Pre-School M/W/F 9:00 - 3:00

Pre-Kinders M/W/F 9:00 - 11:30

Pre-Kinders M/W/F 12:30 - 3:00

Pre-Kinders T/Th 9:00 - 11:30

Pre-Kinders T/TH 12:30 - 3:00

Pre-Kinders M/W/F 9:00 - 3:00

Pre-Kinders T/TH 9:00 - 3:00

Pre-Kinders M-F 9:00 - 3:00

Optional Care:

Before

After