



Child's Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Please Indicate Class:

- o 3 year old T/R mornings (9am-11:15am) - \$110/mth
- o 3/4 year old split T/R afternoons (1-3:15pm) - \$110/mth
- o 4 year old M/W/F mornings (9am-11:15am) - \$135/mth
- o 4 year old M/W/F afternoons (1pm-3:15pm) - \$135/mth

Registration Check List:

- o Sunshine Park Preschool Registration Form Completed and Signed
- o Sunshine Park Preschool Contract Form Read and Signed (back of this page)
- o Recent Picture of Child
- o Registration Fee - \$50 - payable upon registration - non-refundable and non-transferable. (please make cheques payable to Sunshine Park)
- o September Fees + \$50 \*Activity Fee (\$160 or \$185) - dated for September 1<sup>st</sup>
- o Monthly Fees (\$110 or \$135) - October - June - dated the 1<sup>st</sup> of every month

Please Note:

\* Activity Fee \$50 - one time per student - add to September Fees - for brought in special guests and activities throughout the school year.

\*NSF cheques will be charged \$25. One-month's written notice is required for early withdrawal. Failure to provide notification will result in a forfeit of one month's tuition fee. There will be no refund on tuition for withdrawals after April 1<sup>st</sup>.

## Sunshine Park Preschool Contract (please initial and sign/date)

I agree to pay the registration fee of \$50 and understand that this is non-refundable and non-transferable

I agree to pay the September monthly fee + \$50 activity fee

I agree to pay the monthly registration fees by a series of post-dated cheques, dated the first of the month (Oct-June) in the amount of \_\_\_\_\_ \$110/mth \_\_\_\_\_ \$135/mth.

I understand that there will be a \$25 NSF charge.

I agree to have my child at Sunshine Park Preschool no earlier than 5min before class time and that my child will be picked up promptly.

I agree to provide one month's cancellation notice or in lieu of this, one month's fees.

I understand that no medication will be given to my child.

I give permission for the staff of Sunshine Park Preschool to take my child on short group walks around Franklin's Inn neighbourhood.

I respect the well balanced nutrition program that is planned and will not send individual snack with my child.

I agree to send in my child's back-pack: indoor running shoes, a labelled water bottle for snack time, and a change of clothing.

I agree to have my child sent to school in appropriate clothing that is easily cleaned.

I have read the Parent Hand Book, which contains the philosophies/policies/procedures and respect these philosophies/policies/procedures.

Parent/Guardian Name (please Print): \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## Photographs/Media/Use of Artwork Consent (please initial)

I hereby give Sunshine Park Preschool permission to OR  I do not give permission to:

- o Take pictures of my child during school activities to be used for display in classroom bulletin boards, year book, monthly news letters to parents/guardians, website, promotional materials – child will be named with first name only and age. Parents/guardians will be shown any photographs wanting to be put in website or in promotional materials and will be requested to have additional consent before they are published.

I hereby give Sunshine Park Preschool permission to OR  I do not give permission to:

- o Have media (such as Sherwood Park News) take any photographs of my child during any school activities.

I hereby give Sunshine Park Preschool permission to OR  I do not give permission to:

- o Use, publish, display and copyright any artwork, written material or creative work created or authored by my child through school activities. I understand that the artwork, written material or creative work may be used by Sunshine Park Preschool in school displays, publications, websites, other electronic media and advertising or promotional materials. I understand that my child may be identified as the author by first name only and by age. I understand that Sunshine Park Preschool may make minor edits as deemed appropriate. I understand and agree that my child, his/her legal representatives, agents or heirs, will not be provided any financial or other compensation by the School for his/her participation in this regard.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



Child Information

Surname		Given Name		Middle Name	
Name Child Responds to		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Birth Date yyyy mm dd	Starting Date yyyy mm dd	
Street Address		City, Province		Postal Code	
Phone No. ( )	Child's First Language		Child's Second Language		
Person(s) with whom the child lives					

Parent/Guardian

Name		<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian	
Address		Home Phone No. ( )	
Place of Work	Hours of Work	Work Phone No. ( )	Extension
Name		<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian	
Address		Home Phone No. ( )	
Place of Work	Hours of Work	Work Phone No. ( )	Extension

Alternative Emergency Contacts

Name	Relationship	Phone No. ( )
Address	Speak English? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, what language?
Name	Relationship	Phone No. ( )
Address	Speak English? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, what language?

Person(s) Authorized to Pick Up Child (including Mother and Father)

Name	Relationship	Phone No. ( )
Name	Relationship	Phone No. ( )
Name	Relationship	Phone No. ( )
Name	Relationship	Phone No. ( )

Additional Information That You Wish Us To Be Aware Of


## Other Children Living at Home

Name	Birth Date	yyy	mm	dd	Name	Birth Date	yyy	mm	dd
Name	Birth Date	yyy	mm	dd	Name	Birth Date	yyy	mm	dd

## Has Child Previously Attended Day Care/Pre-School ?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Facility
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## Health/Nutrition

Words child uses for toileting																											
Illness(es) child has had																											
Does the child:																											
<table border="0"> <tr> <td>Have vision problems?</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td>Have hearing problems?</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td>Have allergies?</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>Have speech/language problems?</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td>Take medications?</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td>Have food dislikes?</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>Require a special diet?</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td>Have other health concerns?</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td></td> <td></td> <td></td> </tr> </table>	Have vision problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have hearing problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have allergies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have speech/language problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Take medications?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have food dislikes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Require a special diet?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have other health concerns?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
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Specify and comment on items ticked 'yes'																											

## Immunization (Attach Photocopy of Immunization Record, or Indicate Dates that Immunization was Received)

Diphtheria, Tetanus and Pertussis (DPT)	yyy	mm	dd	Polio	yyy	mm	dd	Meningitis (HIB D)	yyy	mm	dd	Measles, mumps and Rubella (MMR)	yyy	mm	dd
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## Emergency Health Information

Doctor	Phone No. ( )	Address
Dentist	Phone No. ( )	Address
Other	Phone No. ( )	Address
Medical Insurance No.	Alberta Healthcare	

## Emergency Consent

*It is the policy of this Centre to notify a parent when a child is ill or needs medical attention. Occasionally, we cannot contact parents and we need to get immediate help for the child. Our procedure is to take the child to the nearest emergency service.*

*Please sign below so that we can take appropriate action on behalf of your child. Return the signed form to the Centre immediately.*

I hereby give my consent for my child, \_\_\_\_\_, when ill, to be taken to the nearest emergency centre by the staff of \_\_\_\_\_ Centre when I cannot be contacted.

I consent to an ambulance being called to transport the child, if necessary.

Signature of Parent/Guardian	Name (please print)	Date signed yyy	mm	dd
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