

Pricing and Registration Forms

Program Information:

Monday/Wednesday/Friday: Age 4 AM and PM

Tues/Thurs: Age 3 AM and PM

Fees/Times: (arrangements may be made if these times overlap with another pick up/drop off time)

Age 3: \$175.00/month + GST

AM Classes:

8:30am – 11:00am (2.5 hours)

PM Classes:

12:30pm-3:00pm (2.5 hours)

Age 4: \$225.00/month + GST

AM Classes:

8:30am – 11:30am (3 hours)

PM Classes:

12:30pm-3:30pm (3 hours)

Non-refundable registration fee: **\$50.00**

“Little footprints al futuro preschool” requires at moment of registration:

- Non-refundable registration fee
- First month payment
- Completed registration forms (below)

Cheques payable to “Little footprints al futuro preschool”

*Remember that the bank charges for N.S.F cheques. A \$50.00 charge will apply to any N.S.F cheques.

* another method of payment could be e-transfers, this is a fast and convenient way

Payment Possibility:

AGE 3:

1 payment (due Sept 01)	\$1750.00 (+gst) + \$50.00
3 payments (due Sept 01 / Dec 01 / March 01)	\$ 583.33 (+gst) + \$50.01
10 payments (due 01 of each month)	\$ 175.00 (+gst) + \$50.00

*\$50.00 is one time registration fee

AGE 4:

1 payment (due Sept 01)	\$2250.00 (+gst) + \$50.00
3 payments (due Sept 01 / Dec 01 / March 01)	\$ 750.00 (+gst) + \$50.00
10 payments (due 01 of each month)	\$ 225.00 (+gst) + \$50.00

*\$50.00 is one time registration fee

Registration forms

Information:

Students Information:

Child's full name: _____

Name used: _____

Male: _____ Female: _____

Date of Birth (d/m/yr): _____

Home Address: _____

Language (s) spoken: _____

Home Phone: _____

Mother's Information:

Mother's full name: _____

Name used: _____

Occupation: _____

Employer: _____

Business Phone: _____

Cell Phone: _____

Address (if different from the child: _____

Email: _____

Father's Information:

Father's full name: _____

Name used: _____

Occupation: _____

Employer: _____

Business Phone: _____

Cell Phone: _____

Address (if different from the child: _____

Email: _____

Family Members:

Does the student have any siblings? Name and age

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Pets: _____

Allergies:

Chronic Conditions:

Learning Impairment(s):

Behaviour Concerns:

Concerns:

Hearing: _____ Vision: _____ Speech:

Other: _____

Does your child require medication:

Y / N

Emergency Contact (other than parents):

Name: _____
Occupation: _____
Business Phone: _____
Cell Phone: _____
Home Phone: _____
Relation to child: _____

Name: _____
Occupation: _____
Business Phone: _____
Cell Phone: _____
Home Phone: _____
Relation to child: _____

Persons authorized to pick up child other than mother and father:

_____/_____
_____/_____

Persons NOT authorized to pick up child:

_____/_____
_____/_____

Preference:

Tuesday/Thursday

Age 3: AM: _____

Age 3: PM: _____

Monday/Wednesday/Friday

Age 4: AM: _____

Age 4: PM: _____

If the morning class is full does the afternoon class work? Or Vice versa?

Yes _____ No _____

Medical Consent:

I give authority for my child's teacher to take the necessary steps to ensure that my child receives the care needed in any emergency. I also understand that I would be contacted immediately when any care is required. If a staff member from Little footprints al futuro Preschool needs to summon an ambulance, then I will be responsible for the cost incurred. As well, I understand that if my child has a diagnosed allergy/medical condition requiring medication, I will provide the prescribed medication to the school to be kept at the school.

Parent's signature: _____

The Alberta regulations require that each school be aware of whether a child is immunized or not.

My child's immunization is up to date as of _____ (today's date)

My child has not been immunized for the following and/or not at all:

