



Bright Stars

Before and After School Care

Registration Form

2015 – 2016

Thank you for choosing Bright Stars. We look forward to getting to know your child and family. Please read our registration package and ensure you **fill out the form completely in order for your child's registration to be processed.** If there is an item that does not pertain to your child please write N/A.

*** Please note: Upon registration we ask that you provide us with the completed registration form and \$50.00 non-refundable deposit (cheque will only be cashed once the spot has been confirmed). Confirmation will be emailed within 2-3 weeks of application.****

Tuition: \$50.00 non-refundable deposit
\$925.00/ month (June 2015 – July 2015)
\$475.00/ month (August 2015 – May 2016)
\$30.00 MDLCA annual membership fee (one per family) – this cheque should be made out to the Marquis De Lorne Community Association.
***Note: cheques should be post-dated for the 1st of each month)**

Fee Structure: Twelve (12) cheques, post-dated for the first day of June through May, are required upon registration as payment for the two summer months, and ten school months, respectively. Example, the June 1st cheque will cover tuition for the month of July. Late arrivals into the program are required to provide a cheque for the current and following month upfront, as well as a post-dated cheque for each of the subsequent months, as noted above.

Withdrawal Policy: A minimum of one month written notice of withdrawal is required on or before the 1st of the month prior to the month leaving. For example, if you are withdrawing December 8th, notice must be given on or before November 1st. We do not prorate the monthly fees for withdrawals.

Temporary absences such as vacation or illness will not be deducted from the monthly fees.

Hours of Operation: Monday to Friday 7:00am – 5:45pm

The program will follow the Calgary Board of Education Calendar, and offer care during PD days, noon dismissals, and spring break. Please refer to the website www.cbe.ab.ca to find the school calendar.

Please note, care will not be provided during statutory holidays, and the facility will be closed from December 24th – January 3rd 2016.

Parent Signature _____ Date: _____

Bright Stars
Emergency Contact Information

Child's Name: _____

Male: ___ Female: ___ Date of Birth: Month _____ Day _____ Year _____

Home Phone Number: _____

Child's Address: _____

Alberta Health Care Number _____

Parent Contact Information:

1. Parent's Name _____

Phone Number (Home) _____ (Work) _____ (Cell) _____

Email _____

Address (if different from child's) _____

2. Parent's Name _____

Phone Number (Home) _____ (Work) _____ (Cell) _____

Email _____

Address (if different from child's) _____

Emergency Contacts – Please provide us with two people who we could contact in case of emergency or illness and we were unable to contact you.

1. Name _____

Phone Number (Home) _____ (Work) _____ (Cell) _____

Address _____

My child may be released to the following individuals:

My child may NOT be released to the following individuals:

Office Use Only

Immunizations Up to Date: Y N

Medication: Y N

Allergies: Y N

Health Concerns: Y N

*Bright Stars Preschool
Medical Information*

Allergies: _____
> Reaction: _____

> Treatment: _____

Medications: **Note: all medication must be in the original container with the original label which states how much, when and how to administer the medication.

Name of Medication: _____
Dose and how to administer: _____

Name of Medication: _____
Dose and how to administer: _____

Ongoing Medication: _____

Food Restrictions: _____

Are your child's immunizations up-to-date? **Yes** **No**

Parent Signature: _____ Date: _____

*Bright Stars
Waivers*

Please complete the two following waivers:

I give permission for the Staff of Bright Stars to take my child
_____, outside on the school premises for daily activities as
Child's name
well as to evacuate the premises on foot incase of a school emergency evacuation.

Parent Signature

Date

I give permission for the Staff of Bright Stars to administer first aid and medical attention to the
best of their ability to my child _____, if a medical emergency were to
occur during school hours. Child's name

Parent Signature

Date

Bright Stars
Getting to Know your Child!

Child's Name: _____

Child's sibling(s) (name and age)

These are a few of my child's favorites:

Food _____ Activity _____

Game _____ Toy _____

Book _____ Song _____

Things you like to do as a family:

Dislikes or fears my child has:

How does your child cope with separation?

Has your child attended Before and After school care before? (where, when, how did it go?)

Bright Stars
School Information
2015 - 2016

Please provide us with your child's school information below:

Child's Name: _____

2015/2016 Grade: _____

School Attending: _____

Current Transportation (Bus/Walks): _____

Expected Drop Off Time: _____

Expected Pick Up Time: _____