



**Bright Stars
Preschool
Copperfield Community Centre Location
Registration Form
2017 – 2018**

Thank you for choosing Bright Stars Preschool. 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.

Tuition: \$75.00 administration fee
\$210.00/ month (September 2017 – June 2018)

Due at the time of registration: one **non-refundable** cheque for **\$285.00** (this includes your admin fee and June's tuition), and nine postdated cheques for the months of September 2017- May 2018.

***Note: cheques should be post-dated for the 1st of each month**

Returning Families: Please drop off your child's completed registration form, deposit, and 10 post-dated cheques (payable to Bright Stars Preschool) to the school on Monday, December 12, 2016 from 7:00-8:00pm (**at Copperfield location – 6 Copperstone Way SE**). ****Registration for both Mahogany and Copperfield locations will be conducted at our Copperfield base.**

New Families: Please drop off your child's completed registration form and non-refundable cheque for \$285.00 (payable to Bright Stars Preschool) to the school on Monday, January 9th, 2017 between 7:00 pm and 8:00 pm (**at Copperfield location**). Your deposit will only be cashed and the remaining post-dated cheques will be collected once we are able to offer your child a placement.

Please remember classes are filled on a first come first serve basis. Registrations will be filled accordingly. Confirmation of enrolment to the school will be emailed out in February, 2017.

****Please note all children must be three years old and potty trained before the school year commences.**

***** Each family is required to purchase a \$30 MDLCA annual membership through the Marquis De Lorne Community Association (postdated for September 1,2017).**

Termination Policy: Written notice on or before the 1st of the month prior to the month leaving. For example if you are leaving April 8th, notice must be provided by March 1st.

Parent Signature _____ Date: _____

**Bright Stars Preschool
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:

<u>Office Use Only</u>	
Immunizations Up to Date: Y N	Medication: Y N
Allergies: Y N	Health Concerns: Y N

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 Preschool Waivers

Please complete the two following waivers:

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

Parent Signature

Date

Bright Stars Preschool
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 Preschool before? (where, when, how often)

Bright Stars Preschool
Class Times
2017 - 2018

Please select your first and second choice. Priority will be given to returning students and then on a first come first serve basis. You will be notified which class your child is in via email.

***Note:** Class start times are subject to change by 15 minutes on either side, however, the duration of the class will remain 2.5 hours each day. Times will be confirmed by March 1st, 2017.

Child's Name: _____

Three Year Olds: <input type="checkbox"/> <input type="checkbox"/>	Monday & Wednesday	8:45 am – 11:15 am
	Tuesday & Thursday	12:00 pm – 2:30 pm
Four Year Olds: <input type="checkbox"/> <input type="checkbox"/>	Monday & Wednesday	12:00 pm – 2:30 pm
	Tuesday & Thursday	8:45 am – 11:15 am

Please tear off the bottom portion and keep for your records.
You will be notified which class your child is in via email.

Child's Name: _____

Three Year Olds: <input type="checkbox"/> <input type="checkbox"/>	Monday & Wednesday	8:45 am – 11:15 am
	Tuesday & Thursday	12:00 pm – 2:30 pm
Four Year Olds: <input type="checkbox"/> <input type="checkbox"/>	Monday & Wednesday	12:00 pm – 2:30 pm
	Tuesday & Thursday	8:45 am – 11:15 am