



# Bright Stars Preschool

## Copperfield Community Centre Location Registration Form 2019 – 2020

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  
\$220.00/ month (September 2019 – June 2020)

Due at the time of registration: completed registration form, one **non-refundable** cheque for **\$295.00** (this includes your admin fee and June's tuition), and nine postdated cheques for the months of September 2019- May 2020.

**\*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 9 post-dated cheques (payable to Bright Stars Preschool) to the school on Wednesday, December 12, 2018 from 7:00-8:00pm (**at our Copperfield location – 6 Copperstone Way SE**).

**New Families:** Please drop off your child's completed registration form and \$295.00 cheque (payable to Bright Stars Preschool) to the school on Monday, January 14<sup>th</sup>, 2019 between 7:00 pm and 8:00 pm (**at our Copperfield location – 6 Coppertstone Way SE – in the basement**). 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 March, 2019.

\*\*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, 2019).

**Termination Policy:** Written notice on or before the 1<sup>st</sup> of the month prior to the month leaving. For example, if you are leaving April 8<sup>th</sup>, notice must be provided by March 1<sup>st</sup>. The \$295.00 deposit is completely non-transferrable and non-refundable, there will be no exceptions.

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. Please include the full address including postal code.

1. Name \_\_\_\_\_  
Phone Number (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_  
Address \_\_\_\_\_

2. Name \_\_\_\_\_  
Phone Number (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_  
Address \_\_\_\_\_

My child may be released to the following individuals:

\_\_\_\_\_  
\_\_\_\_\_

Office Use Only

Immunizations Up to Date: Y N

Allergies: Y N

Medication: Y N

Health Concerns: Y N

*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: \_\_\_\_\_

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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 well as to evacuate the premises on foot incase of a school emergency evacuation.

Child's name

\_\_\_\_\_  
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 \_\_\_\_\_, if a medical emergency were to occur during school hours.

Child's name

\_\_\_\_\_  
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**  
 2019 - 2020

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 1<sup>st</sup>, 2019.

**Child's Name:** \_\_\_\_\_

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

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**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:** \_\_\_\_\_

<b>Three Year Olds:</b>	<input type="checkbox"/> Monday & Wednesday	8:45 am – 11:15 am
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