



Bright Stars Preschool
Copperfield Community Centre Location
Registration Form
2021 – 2022

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
\$225.00/ month (September 2021 – June 2022)

Due at the time of registration: completed registration form, one **non-refundable** cheque for **\$300.00** (this includes your admin fee and June 2022 tuition), and nine postdated cheques for the months of September 2021- May 2022.

***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 postdated cheques (payable to Bright Stars Preschool) to the school on **Wednesday, February 24th, 2021** between 7:00-8:00pm (at our **Copperfield location – 6 Copperstone Way SE**).

New Families: Please drop off your child's completed registration form, deposit, and 9 postdated cheques (payable to Bright Stars Preschool) to the school on Wednesday, March 17th, 2021 between 7:00 pm and 8:00 pm (at our **Copperfield location – 6 Copperstone Way SE – in the basement**). Please note you're your \$300.00 deposit will only be cashed if we are able to offer your child a placement in our program.

**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, 2021).

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. The \$300.00 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	<i>Bright Stars Preschool</i>
	<i>Bright Stars Preschool</i>
Immunizations Up to Date: Y N	Medication: Y N
Allergies: Y N	<i>Bright Stars Preschool</i> 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: _____

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

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 2021 - 2022

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.

Child's Name: _____

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