



*Bright Stars Preschool  
Copperfield  
6 Copperstone Way SE  
Registration Form  
2024 - 2025*

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  
Two days/week: \$160.00/ month (\$235.00 minus \$75.00 government grant). September 2024 – June 2025.  
Due at the time of registration: completed registration form and one deposit cheque for **\$235.00**(this includes your admin fee and June 2025 tuition)  
**\*Note: Remaining 9 post-dated cheques will be collected at a later date.**

**Returning Families:** Please drop off your child's completed registration form and deposit (payable to Bright Stars Preschool) to the school on Wednesday, February 28<sup>th</sup>, 2024, between 6:00- 7:00pm (**at our Copperfield location – 6 Copperstone Way SE**).

**New Families:** Please drop off your child's completed registration form and deposit cheque (made payable to Bright Stars Preschool) to the school on Tuesday, March 19<sup>th</sup>, 2024 between 6:00 pm and 7:00 pm (**at our Copperfield location – 6 Copperstone Way SE – in the basement**).

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

**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 initial 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.

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

*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 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*  
*2024 - 2025*

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 at the time of registration.

<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