



**Bright Stars Preschool**  
**Mahogany Beach Clubhouse Location**  
**29 Masters Park SE, Calgary, AB**  
**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  
Two days/week: \$245.00/ month (September 2021 – June 2022)  
Three days/week: \$295.00/ month (September 2021 – June 2022)

Due at the time of registration: completed registration form, one **non-refundable** cheque for either **\$320.00 or \$370.00** (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 24, 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 cheque, and 9 post dated cheques (made payable to Bright Stars Preschool) to the school on Wednesday, March 17<sup>th</sup>, 2021 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 if we are able to offer your child placement in our program.

\*\*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 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 initial deposit is completely non-transferrable and non-refundable, there will be no exceptions.

Parent Signature \_\_\_\_\_

Date: \_\_\_\_\_

*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:

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

<u>Office Use Only</u>	<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 in case 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 \_\_\_\_\_, 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 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 either at the time of registration or at a later date via email.

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

<b>Three Year Olds:</b>	<input type="checkbox"/> Monday, Wednesday, Friday 9:00 am – 11:30 am <input type="checkbox"/> Tuesday & Thursday 12:15 pm – 2:45 pm
<b>Four Year Olds:</b>	<input type="checkbox"/> Monday, Wednesday, Friday 12:15 pm – 2:45 pm <input type="checkbox"/> Tuesday & Thursday 9:00 am – 11:30 am