



# PRESCHOOL Registration Form 2024/2025

<b>ADMIN USE ONLY</b>	
June fee _____	Registration fee _____
Cheque name _____	

Please complete the entire form. Only completed registration forms will be received. Registration is not complete until parents have submitted the following:

- \$75 Registration Fee NR
- Fee Deposit: \$115.00 for T/TH Program and \$140.00 for MWF Program
- Commitment to monthly payment via – Cheque \_\_\_\_\_, E-transfer \_\_\_\_\_, Credit/Debit Card \_\_\_\_\_, or Cash \_\_\_\_\_
- Read and sign Potty Training Policy, if applicable.
- For class changes that occur after September 1, 2024, there will be an administration charge of \$25.00 per child.
- Received Parent Handbook \_\_\_\_\_ Initial

Please indicate program choice: \_\_\_\_\_

Child's Regular Used Name \_\_\_\_\_ Last Name \_\_\_\_\_ Female \_\_\_ Male \_\_\_ Language(s): English/Cantonese/Urdu/Mandarin Spoken Arabic/Spanish/Other \_\_\_\_\_

Child's Address \_\_\_\_\_ Postal Code \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ /  
day month year

Mother's First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Email Address \_\_\_\_\_ Home Telephone Number \_\_\_\_\_

Address (if different from child) \_\_\_\_\_ Postal Code \_\_\_\_\_ Cell Number \_\_\_\_\_ Yes or No Ages: \_\_\_\_\_  
Siblings

Father's First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Email Address \_\_\_\_\_ Home Telephone Number \_\_\_\_\_

Address (if different from child) \_\_\_\_\_ Postal Code \_\_\_\_\_ Cell Number \_\_\_\_\_

Child Emergency Contact (cannot be a parent) \_\_\_\_\_ Relationship \_\_\_\_\_ Full Calgary Address \_\_\_\_\_ Home Telephone Number \_\_\_\_\_

TTH AM Program	¾-Year-Olds	9:00-11:15 am	\$115.00 per month	The child's 3 <sup>rd</sup> birthday must come on or before Oct. 1 or the child's 4 <sup>th</sup> birthday must come after Jan 1. Child must be potty trained or in the process.
TTH PM Program	¾-Year-Olds	1:00-3:15 pm	\$115.00 per month	This program accepts 3 and 4-year-olds. Program rules apply as above and below. Child must be potty trained or in the process.
MWF AM Program	4 Year Olds	9:00-11:30 am	\$140.00 per month	The child must be 3 years old and the 4 <sup>th</sup> birthday must come on or before Jan 1. Child must be potty trained.
MWF PM Program	4 Year Olds	1:00-3:30 pm	\$140.00 per month	The child must be 3 years old and the 4 <sup>th</sup> birthday must come on or before Jan 1. Child must be potty trained.

I hereby grant permission for my child to be included in evaluations, photographs, video or interviews connected with the school program. I understand my child's photograph may be displayed on the Kidz Choice Preschool website. (password protected photo gallery only)

I hereby acknowledge that the Director or Acting Director will take whatever steps necessary to obtain emergency medical care for my child, and/or to evacuate the preschool in case of accident, sickness, or serious injury, if warranted. These steps may include (but are not limited to) an attempt to contact parent, guardian, or emergency contact person. If any of the stated is unsuccessful, we will call another physician, activate Emergency Medical Services or have child transported to the hospital in care of a staff member. Please note that all expenses (100%), if any, will be borne by the child's family.

Monthly fee is not optional if a child is absent for a complete month in the Sept 2024-June 2025 preschool year.

I / We have been informed of the **Behavior Guidance Policy and the Potty Training Policy, if applicable**. Kidz Choice Preschool will not be held responsible for anything that may occur as a result of false information given at the time of enrollment or withheld after.  
WITHDRAWAL: 30 Days Notification on the 1<sup>st</sup> of the Month (refer to our Withdrawal Policy in the Parent Handbook for more info)

**PLEASE NOTE: IN ORDER FOR THE PRESCHOOL DEPOSIT TO BE REFUNDED TO NON-INTERESTED FAMILIES KIDZ CHOICE PRESCHOOL MUST RECEIVE NOTIFICATION BY EMAIL NO LATER THAN JULY 31, 2024. AFTER THIS DATE NO REFUNDS WILL BE GIVEN TO FAMILIES WHO CANCEL THEIR CONTRACT WITH KIDZ CHOICE PRESCHOOL BEFORE THE START OF THE 2024-/2025 PRESCHOOL YEAR.**

**I AGREE TO ALL OF THE TERMS OUTLINED ABOVE:**

Parent / Guardian Name \_\_\_\_\_ Signature \_\_\_\_\_ Date 2024/02/05 \_\_\_\_\_