



# Childsplace

Learning Centres Ltd.

12 Arbour Lake Drive N.W. Calgary, AB T3G 4A3

(403) 241-6232

Fax: 241-2746

[www.childsplace.ca](http://www.childsplace.ca)

## APPLICATION FOR PROGRAM ENROLLMENT

**REGISTRATION FEE \$70.00 PER CHILD**  
**Applies to any program (non-refundable)**  
**Includes a school bag for your child**

### Preschool Programs (Please check applicable class)

Date of Commencement: \_\_\_\_\_ (Classes run from September to June)

_____ PS1 Morning	Tues/Thurs	8:30 to 10:30am	\$160/month
_____ 3 & 4yr mixed	Tues/Thurs	11:00 to 1:00pm	\$160/month
_____ PS2 Afternoon	Tues/Thurs	1:30 to 3:30pm	\$160/month
_____ Jr. K Morning	Mon/Wed/Fri	9:00 to 11:30am	\$200/month
_____ Jr. K Afternoon	Mon/Wed/Fri	12:45 to 3:15pm	\$200/month

One month deposit fee required (non-refundable). Post dated cheques for the 1<sup>st</sup> of each month or preauthorized credit card payments required. Registration fee includes a school bag, handed out on the first day of classes. Children must turn 3 by the end of February of the school year to enter the Preschool Program.

Child's Name: \_\_\_\_\_  
(surname) (given)

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ (postal code)

Birthdate: \_\_\_\_\_ Health Care# \_\_\_\_\_  
Month Day Year

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Are Immunizations up to date? Yes \_\_\_\_\_ No \_\_\_\_\_ If NO, please indicate reason. \_\_\_\_\_

### Parent Information:

Mother: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Please notify us immediately of any changes in address or phone numbers.**

**EMERGENCY CONTACT INFORMATION**

(Other than parents)

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Address: \_\_\_\_\_

Emergency contacts are persons **other than the parents**, who are available during school hours to pick up the child in an emergency when parents cannot be contacted. Please provide cell phone or business numbers when possible.

**ABOUT YOUR CHILD**

Is there any person NOT allowed access to your child? Please provide details: \_\_\_\_\_

Does your child have any medical conditions or allergies? Signs and symptoms for teachers to look for: \_\_\_\_\_

Is your child taking medication on a regular basis? Please provide details: \_\_\_\_\_

Please list family members residing with the child, their relationship to the child, and ages of siblings: \_\_\_\_\_

Has your child attended a preschool program before? \_\_\_\_\_

Does your child have any special interests? \_\_\_\_\_

What language is spoken at home? What languages does the child understand? \_\_\_\_\_

Does your child have any fears or phobias we should be aware of? \_\_\_\_\_

Please provide any other information about your child that may help us to ease his or her transition into preschool: \_\_\_\_\_

**If your child has Epi-Pen or Asthma inhalers that could be administered at school, parents must fill out a separate medication administration form.**

**PERMISSION FORM**

\*I hereby grant permission for my child to use all of the play equipment and participate in all the activities of the school and to leave the school premises in an authorized vehicle, under the supervision of staff or parent volunteers on field trips, or on supervised walks off the school premises. I understand that if my child is being transported in a parent volunteer vehicle, it is my responsibility to provide that parent with the proper seat restraint for my child.

\*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 used on Childspace Learning Centres Ltd.'s website.

\*I hereby grant permission for the Director or Acting Director to take whatever steps necessary to obtain emergency medical care for my child, if warranted. These steps may include, but are not limited to the following:

1. Attempt to contact parent or guardian
2. Attempt to contact child's physician
3. Attempt to contact persons listed on the Emergency Contact list.
4. If any of the above are unsuccessful, we will do any or all of the following:
  - a. Call another physician
  - b. Call a Emergency Medical Services
  - c. Have child transported to Hospital in the care of a staff member.
5. Any expense incurred under 4. (above) will be borne by the child's family.

I / We have read, understood and agree with Childspace Learning Centres Ltd. discipline policy. Childspace Learning Centres Ltd. will not be held responsible for anything that may occur as a result of false information given at the time

