



## LIL' DREAMERS PRESCHOOL REGISTRATION FORM

### Child's Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Physical Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Birthday: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

### Parents or Guardians

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Email address: \_\_\_\_\_

Physical Home Address: \_\_\_\_\_ Box # \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone number: \_\_\_\_\_ Cell number: \_\_\_\_\_

Place of Work \_\_\_\_\_

Physical Work Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Work Number: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Email address: \_\_\_\_\_

Physical Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone number: \_\_\_\_\_ Cell number: \_\_\_\_\_

Place of Work: \_\_\_\_\_

Physical Work Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Work Number: \_\_\_\_\_

**Language(s) spoken at home:** \_\_\_\_\_

Please Indicate:

Authorized person(s) (other than yourself) to whom your child may be released to:

a) \_\_\_\_\_ b) \_\_\_\_\_

Person(s) your child is **NOT** to be released to:

a) \_\_\_\_\_ b) \_\_\_\_\_

**LIL' DREAMERS PRESCHOOL HEALTH RECORD INFORMATION**

Name of Family Doctor: \_\_\_\_\_

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Number of:	Brothers	Sisters
Younger	_____	_____
Older	_____	_____

My child's immunizations are up to date for my child's age: Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child have any medical conditions, allergies, emotional or developmental challenges requiring or receiving treatment or supervision? If yes, please explain:

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

**Emergency Contact (other than parents) within 20 km of Carstairs**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**I CONSENT TO EMERGENCY MEDICAL TREATMENT FOR MY CHILD**

In an emergency, my child may need medical or surgical treatment. If an emergency occurs, every reasonable effort must be made to contact to me. If I cannot be reached, I give my permission to emergency medical treatment for my child. Any expense incurred for emergency medical treatment will be my own responsibility.

Yes, I Agree \_\_\_\_\_

There is a registration fee of \$30.00 that is non refundable.

The monthly fee for the **3** year old class is \$120.00/month.

The monthly fee for the **4** year old class is \$140.00/month

There will be a discount applied to children already attending Lil' Dreamers.

The **3** year old class is Monday/Wednesday 9-12 pm and one Friday per month.

The **4** year old class is Tuesday/Thursday 9-1 pm and one Friday per month.

Start date for the **3** year old class is September 6/17 and the last class will be June 13/18.

Start date for the **4** year old class is September 7/17 and the last class will be June 15/18.

Graduation ceremonies for the **3** year old class will be held on June 19/18.

Graduation ceremonies for the **4** year old class will be held on June 20/18.

Payment in full or 10 post dated cheques dated for the 1<sup>st</sup> of every month are required before the first day of classes.