

# **LES TOURNESOLS PRESCHOOL**

BOX 101, Station Main, St. Albert, Alberta T8N 1N2

## **CHECK CLASS :** (Subject to Availability)

### **4-Year-Old Programs** (Child must be 4 years old before December 31, 2019)

3 times per week – morning (Mon-Wed-Fri)

### **3-Year-Old Program** (Child must be 3 years old to begin class)

2 times per week - morning (Tues-Thurs)

### **3/4 Split Program- Afternoon**

3 times per week (Mon-Wed-Fri)

2 times per week (Tues-Thurs)

2 times per week (Mon-Wed \*\*)

\*\*If Monday is a holiday, Mon/Wed students will have Friday class of the same week

## **OFFICE USE ONLY:**

Pre-Reg Fee @ \$75 paid

Extra Curricular @\$125 paid

May cheque paid

June Tuition received

Tuition cheques received

FOIPP form signed

AHC Number Recorded

## **THE FOLLOWING INFORMATION IS REQUIRED BY SOCIAL SERVICES THIS FORM MUST BE COMPLETED BEFORE CHILD BEGINS SCHOOL**

**Child's Name** \_\_\_\_\_ **DOB (dd/mm/yy)** \_\_\_\_\_ **Sex (M/F)** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Postal Code** \_\_\_\_\_

**Parent/Guardian #1** \_\_\_\_\_ **Email** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_ **Business Phone** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Postal Code** \_\_\_\_\_

**Parent/Guardian #2** \_\_\_\_\_ **Email** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_ **Business Phone** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Postal Code** \_\_\_\_\_

**Dayhome/Babysitter**  
(if applicable) \_\_\_\_\_ **Cell Phone** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Postal Code** \_\_\_\_\_

### **Emergency Contact - in case parents/guardians cannot be reached**

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Alternate Phone** \_\_\_\_\_

**Relationship** \_\_\_\_\_ **Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Postal Code** \_\_\_\_\_

### **Persons to whom the child can be released (in addition to those listed above)**

**Name #1** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Alternate Phone** \_\_\_\_\_

**Relationship** \_\_\_\_\_ **Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Postal Code** \_\_\_\_\_

**Name #2** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Alternate Phone** \_\_\_\_\_

**Relationship** \_\_\_\_\_ **Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Postal Code** \_\_\_\_\_

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**Child's Alberta Health Care Number:** \_\_\_\_\_

Does your child have Asthma? Yes / No

Are your child's immunizations up to date? Yes / No

Does your child have allergies? Yes / No

If yes, please specify allergen and reaction below: \_\_\_\_\_

Please list any other medical history / conditions / surgeries: \_\_\_\_\_

Is your child receiving medication on an ongoing basis? Yes / No

If yes, please specify medication and why: \_\_\_\_\_

PLEASE NOTE : Social Services states that a teacher **CANNOT** administer medication unless written consent is given by the parents. If administration of medication is needed, please ask the teacher for a special form.

I hereby authorize the teachers of Les Tournesols Preschool to obtain emergency treatment for : \_\_\_\_\_  
**(Child's Name)**  
if it is deemed necessary. I will also reimburse the Society for any cost incurred in providing such emergency service.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Les Tournesols Preschool supports activities that benefit and enhance your child's learning. These activities may include going to a playground, a park, local school grounds, or a walking trail. Any activities that would be away from the proximity of the school grounds would require an additional consent form detailing the field trip.

I have read and understood that the excursions listed above would only be in the proximity of the school and therefore, I authorize my child, \_\_\_\_\_  
**(Child's name)**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I have read all of the General Information and Welcome to Les Tournesols Preschool Letter and understand the information contained on those forms.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I have read the letter from the Board of Directors that states the need for six board positions to be filled for the 2019-2020 year and I understand the information in this letter.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**How did you hear about Les Tournesols Preschool?:** \_\_\_\_\_

Please call the school at 780-460-2201, if any of the registration information changes throughout the school year. In the event of needing to withdrawal from the program, one month's notice is required.