



Notre Dame Preschool Registration

2024-2025

Name: _____

Birthdate: (mm/dd/yy) _____ Gender: Male _____ Female _____

Address: _____

Class: M/W am ☐ T/Th am ☐ T/Th pm ☐

Parent #1

Name: _____

Address: _____

Email: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Parent #2

Name: _____

Address (if different from Parent #1):

Email: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Alberta Health Care # _____ Medical Conditions/Allergies: _____

Medications: _____

Immunization Up to date: (as per AHS guidelines regarding infants) Yes ☐ No ☐

Emergency Contact (Other than Parents-Emergency Contact must be local and must provide a physical address)

Name: _____

Address: _____ Postal Code _____

Home Phone: _____ Cell Phone: _____

- \$75.00 Rostering Monthly Fee (\$750.00 yearly) - \$250.00 (\$200.00 non refundable registration fee + \$50.00 supply fee) due immediately upon registration

- \$0.00 Monthly Fee - actual fee is \$750.00 (\$75.00 monthly) Paid by Affordability Grant from Federal Government

- \$75.00 Rostering Monthly Fee (\$750.00 yearly) This will be waived if parents opt to volunteer in the classroom once per month. (once you've signed up for ten volunteer sessions, this fee will be waived)

PICK UP LIST: (must include any person who can pick up your child)

Name	Relation	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please Note: The Alberta Government Licensing Act requires all care programs to have a list of individuals allowed to pick up your child. If a person arrives to pick up your child and they are not on the list, we will NOT release your child. If at any time you would like to add or remove an individual, please ask a Preschool staff member.

I have read the parent handbook and understand the contents. We agree to follow the policies outlined and understand that the school reserves the right to amend policies and procedures when necessary and that we will abide by changes. Any changes made in the handbook will be sent by email.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

Note: This information is being collected and used in accordance with the Freedom of Information and Protection of Privacy Laws – FOIP (1997)

Consent for Medical Treatment

The undersigned, _____, being the legal parent/guardian of

_____, request and authorize personnel employed by the Notre Dame Preschool program to provide necessary first aid and medical treatment to the said child.

This will serve as a release and indemnification of and from any action or inaction of any personnel of the Notre Dame Preschool program associated with the rendering of first aid or administering of medical treatment to the said student. The undersigned parent/legal guardian recognizes and acknowledges that the personnel employed by the program who may, as a result of this request, be rendering first aid or administering medical treatment to the said child, are not medical practitioners.

Date: _____

Signature: _____