

Edgemont Preschool Association

Registration Form – 2012-13



Please note: Our preschool is a non-profit, parent run preschool. As such, a volunteer role must be filled for each student that is enrolled in our program.

Deadline: Completed application form and a \$60 non-refundable registration fee are due **February 29, 2012.**

*Registration fee cashed only if admitted.

Price: Our fees are \$125/month for the 3-year-old program (Tues/Thurs), and \$165/month for the 4-year-old program (M/W/F). Currently, morning classes are: 8:50am - 11:20am, and afternoon classes are: 12:40-3:10, however these times are subject to change based on the bell times at Edgemont School and Mother Mary Greene.

Location: We are excited to announce that our preschool will be relocating to Mother Mary Greene School commencing September 2012. We will continue to be a non-denominational, “learn through play” school. For more information, visit our website at www.edgemontpreschool.com.

Process: Please note that we will be holding a special board meeting on March 7, 2012 to confirm the applications. Spots will be filled in the following priority order: current members, previous members, Edgemont residents, and then out of community applications. Should there be more applications than spots, a lottery will be held to fill the available spaces and the remaining names will be put on a waitlist. All applicants, including those that are wait-listed, will be contacted after that meeting to confirm their status. All successful registrants **MUST** attend the AGM and volunteer position selection meeting (without children), which will be held on Wednesday April 18, 2012 at Mother Mary Greene School.

Age Requirement: For the 3-year-old program, please note that your child must turn 3 by Dec. 31, 2012 (children with birthdays falling between Jan.1 and Feb. 28, 2012 may enter in January if space is available). For the 4-year-old program, children must turn 4 before February 28, 2013.

Are you a current member at the preschool? (Y/N) _____	Class requested for upcoming year:
Are you a previous member? (Y/N) _____	_____ 3 year a.m. _____ 4 year a.m.
Year attended _____	_____ 3 year p.m. _____ 4 year p.m.
\$60 non-refundable cheque* dated February 29 th , 2012 is attached: ____ (please check)	
*Cashed only if child is admitted.	

Child's Information

Last Name: _____	First Name: _____
Date of Birth: _____	Sex: M / F (circle) Phone #: _____
Home Address: _____	Postal Code: _____

Parent's Information

Mother's Full Name (first/last) _____	Father's Full Name (first/last) _____
Home Address (street address & postal code) _____ _____	Home Address (street address & postal code) _____ _____
Daytime # _____ Evening # _____ Cell # _____	Daytime # _____ Evening # _____ Cell # _____
Primary e-mail address: _____	Primary e-mail address: _____
Work Address (company name & full street address) _____	Work Address (company name & full street address) _____

Local Daytime Emergency Contacts (MUST BE PERSONS OTHER THAN THE PARENTS)

Name

Address and Postal Code

Daytime Phone Numbers

Name

Address and Postal Code

Daytime Phone Numbers

Child's Health Record

Child's Name

Alberta Health Care Number

Doctor's Name

Doctor's Phone Number

Doctor's Address (street address & postal code)

Allergies (INCLUDE ANY DIET ALLERGIES): _____

Previous serious illnesses (including dates) and any medications your child takes on a regular basis. If your child needs medication administered during school hours, you will need to complete an additional form on Orientation Night. _____

Any other special health concerns.

Emergency Treatment Authorization/Volunteer Commitment

I authorize the staff of Edgemont Preschool Association to take whatever measures are necessary to obtain emergency treatment for my child, should that be necessary, and understand that I would be billed for any costs.

I agree to take a volunteer job in the preschool, which I will attend to as required.

I will read through the bylaws (posted on the website at www.edgemontpreschool.com, and on the bulletin board outside the classroom)

Signature _____

Printed Name _____

Date _____

I wish my name, address, phone number and email to be placed on the class list to be distributed to my child's class members. Yes _____ No _____

For Office Use Only

Volunteer position: _____