

# Edgemont Preschool Association

## Registration Form – 2010-11



**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 **March 5, 2010**  
\*registration fee cashed only if admitted

**Price:** Our fees are \$115/month for the 3-year-old program (Tues/Thurs), and \$155/month for the 4-year-old program (M/W/F). Morning classes currently are 8:45 – 11:15, and afternoon classes currently are 12:40 – 3:10 (subject to change).

**Process:** Please note that we will be holding a special board meeting on March 10, 2010 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 by March 25, 2010 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 14th, 2010 at the Edgemont Community Centre.

**Age Requirement:** For the 3-year-old program, please note that your child must turn 3 by Dec. 31, 2010 (children with birthdays falling between Jan.1 and Feb. 28, 2011 may enter in January if space is available). For the 4-year-old program, children must turn 4 before February 28, 2011.

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		Class requested for upcoming year:	
Are you a current member at the preschool? (Y/N) _____	_____	_____ 3 year a.m.	_____ 4 year a.m.
Are you a previous member? (Y/N) _____	_____	_____ 3 year p.m.	_____ 4 year p.m.
- Year attended _____			
\$60 non-refundable cheque* dated March 5, 2010 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) _____ _____	Home Address (street address & postal) _____ _____
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 _____	Name _____
Address and Postal Code _____	Address and Postal Code _____
Daytime Phone Numbers _____	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 and dates (include any medications taken on a regular basis). If your child needs medication administered during school hours, you need to complete an additional form.

\_\_\_\_\_

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 I understand that I will be responsible for any costs incurred.

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](http://www.edgemontpreschool.com) , and on the bulletin board outside the classroom)

Signature _____	Printed Name _____
Date _____	

**I wish my name, address, phone number and e-mail to be placed on the class list to be distributed to my child's class members. Yes \_\_\_\_\_ No \_\_\_\_\_**

*For Office Use Only*                      *Volunteer position:* \_\_\_\_\_