



Registration Form 2019/2020

Only completed registration forms will be received. Registration is not complete until parents have submitted the following:

- A Complete Registration Form
- A Complete Preauthorized Debit Plan Agreement
- \$50 Non-Refundable Registration Fee

Fees and Schedule:

Number of days per week	Half-Day Monthly fees
1	100
2	190
3	240

Please Check Class and Circle or Underline Days of Choice:

Morning Class (9:00 am to 12:00 pm) Monday - Wednesday - Friday

Afternoon Class (12:30 pm to 3:30 pm) Monday - Wednesday - Friday

		Female <input type="checkbox"/>	Male <input type="checkbox"/>	Language(s): English/Cantonese/Perdu/Mandarin Spoken Arabic/Spanish/Other _____
Child's First Name	Last Name			Birth date ____/____/____ <small style="text-align: center;">day month year</small>
Child's Address	Postal Code			
Mother's First Name	Last Name	Email Address	Home Telephone Number	
Address (if different from child)	Postal Code	Cell Number	Yes or No	Ages: _____ Siblings
Father's First Name	Last Name	Email Address	Home Telephone Number	
Address (if different from child)	Postal Code	Cell Number		
Child Emergency Contact (cannot be a parent)	Relationship	Address	Cell Number	

I hereby grant permission for my child to be included in evaluations, photographs, videos or interviews connected with the school program. I understand my child's photograph may be used on the Melodies Preschool Website and Pages.

I hereby acknowledge that the Director will take whatever steps necessary to obtain emergency medical care for my child, and/or to evacuate the preschool in case of accident, sickness, or serious injury, if warranted. These steps may include (but are not limited to) an attempt to contact parent, guardian, or emergency contact person. If any of the stated is unsuccessful, we will call another physician, activate Emergency Medical Services or have child transported to the hospital in care of a staff member. Please note that all expenses (100%), if any, will be borne by the child's family.

I / We have been informed of the **Behavior Guidance Policy and the Potty Training Policy, if applicable**. Melodies Preschool will not be held responsible for anything that may occur as a result of false information given at the time of enrollment or withheld after.

WITHDRAWAL: 30 Days Notification on the 1st of the Month (refer to our Withdrawal Policy on our website and in the Parent Handbook for more info)

I AGREE TO ALL OF THE TERMS OUTLINED ABOVE:

Parent / Guardian Name

Signature

Date

CHILD INFORMATION

1. Are your child's immunization records up-to-date? Yes or No If no, please sign _____.

2. Has your child attended a preschool program Yes or No

If yes, please state where: _____

3. Does your child have any allergies? Yes or No

If yes, please state type and reaction. _____

4. Do you have any expectations for your child at preschool?

5. Do you have any concerns about your child?

6. Does your child require a full-time aide? Yes or No

If yes, please explain. _____

PICK UP POLICY

At Melodies Preschool if parents are unable to pick-up their child we do allow family members or friends of the family to pick-up a child from class. In order to permit this, we need your authorization. Please fill in the following information for our files.

If there are family or friends to pick up your child when you are not available, please add them here.

1. _____
First Name Last Name Home Telephone Cell Telephone
Relationship to Child _____

2. _____
First Name Last Name Home Telephone Cell Telephone
Relationship to Child _____

Please Complete the Pre-Authorized Debit Plan Agreement below:

I authorize **Melodies Preschool Ltd.** to begin the deductions of my child's preschool fees on a monthly basis.

The amount of \$50 non-refundable Registration Fee will be deducted upon registration and the full amount of \$_____ will be debited to our specified account on the first day of each school month so long as my child is enrolled in the program.

There will be a \$30 NSF charge for all Non-Sufficient Funds on payments

I have certain recourse rights if any debit transaction does not comply with this agreement. I have the right to receive full reimbursement for any payment that is not authorized or is not consistent with this agreement.

Please Print

Date: _____

Name: _____

Type of Service: Personal Business

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Phone Number (Bus.): _____ (Res.): _____

Financial Institution: _____

FI Account Number: _____ FI Transit Number _____ - _____
(Branch – 5 digits; FI – 3 digits)

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Authorized Signature: _____