

CHILD INFORMATION

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

2. Child's Alberta Health Card number _____

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

If yes, please state where: _____

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

If yes, please state type and reaction. _____

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

6. 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: _____

Child's name: _____

Account Holder 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: _____