



**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. \_\_\_\_\_

\_\_\_\_\_

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**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 \_\_\_\_\_

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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: \_\_\_\_\_