Melodies Preschool Registration Form

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**
- **$100 Non-Refundable Registration Fee**

Fee Schedule:

Number of days per week	Half-Day Monthly fees	Full-Day Monthly fees
1	100	150
2	130	170
3	150	190
4	170	210
5	200	230

Start Date: _____

Location: Airdrie ☐ ***- Hawkwood Calgary*** ☐ ***- Balzac*** ☐

Please Check Class and Circle or Underline Days of Choice:

Morning Class (9:00 am to 12:00 pm) ☐ ***Monday - Tuesday - Wednesday - Thursday - Friday***

Afternoon Class (12:30 pm to 3:30 pm) ☐ ***Monday - Tuesday - Wednesday - Thursday - Friday***

Full Day Class (9:00 am to 3:30 pm) ☐ ***Monday - Tuesday - Wednesday - Thursday - Friday***

_____ _____ ***Female___ Male___ Language(s): English/Cantonese/Perdu/Mandarin***
Child's First Name Last Name Spoken Arabic/Spanish/Other _____

_____ _____ ***Birth date*** _____/_____/_____ /
Child's Address Postal Code day month year

_____ _____ _____ _____
Mother's First Name Last Name Email Address Home Telephone Number

_____ _____ _____ Yes or No Ages: _____
Address (if different from child) Postal Code Cell Number 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.*** 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. *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 _____

****

Melodies Preschool Ltd.
Website: www.melodiespreschool.ca
Email: info@melodiespreschool.ca
Phone: 403-606-8624

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 $100 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:

Bank Name: _____

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

Address: _____

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

Authorized Signature: _____