

Registration Package Checklist (To be attached to all applications)

Mandatory Checks (Must be present for every application excluding those paying in cash)

- 1 for \$50.00 Registration Fee, Dated for registration night, non-refundable
- 1 for \$200.00 Volunteer Commitment, not dated, returned upon fulfillment of commitment
- 1 for \$225.00 Fundraising Commitment, not dated, returned upon fulfillment of commitment

Fee Payment Options (Please check off applicable option)

- 9 cheques for \$100.00 for Tuesday/Thursday monthly fees, Post dated for the 1st of each month
- 9 cheques for \$150.00 for Monday/Wednesday/Friday classes monthly fee's, Post dated for the 1st of each month
- 1 cheque for \$600.00 September- December and 1 cheque for \$750.00 for January-May for Monday/Wednesday/Friday classes fees
- 1 cheque for \$400.00 September-December and 1 cheque for \$500.00 for January-May for Tuesday/Thursday class fees
- \$1375.00 Cash for Tuesday/Thursday class fees (includes amounts for registration fee, volunteer commitment and fundraising commitment)
- \$1825.00 Cash for Monday/Wednesday/Friday class fees (includes amounts for registration fee, volunteer commitment, and fundraising commitment)

Completed Forms

- Registration form
- Administration of First Aid form
- Administration of Emergency Medicine form (In the case your child does not require medication please put *Not Applicable* and sign and date the form)
- Field Trip Form
- Photos Consent Form
- Acceptance of Lago Lindo Preschool Handbook/Policies

Lago Lindo Community Residents

- Proof of address i.e: Photo ID and Utility Bill
- Purchased a Lago Lindo Community league membership for 2019/2020 year available in the fall.

Non Lago Lindo Community Residents

- Purchased a community league membership for the community they reside in for 2019/2020 year available in the fall.

Requested Volunteer Commitment, please check one.

- Board Position (please indicate your preferred positions)
1st Choice _____ 2nd Choice _____
- Monthly Cleaning night (please indicate your preferred months, note there are no cleanings in Sept or Dec)
1st Choice _____ 2nd Choice _____
- Bingo
- Fundraising Committee
- Scrapbooking (must be for the class you're registered in)

All efforts will be made to accommodate your preferred commitment choice, you will be contacted if you will need to choose an alternative.

For Board Members Only

- All cheques have been checked and are correctly filled out or if paid in cash amount has been double counted.
- All forms have been double checked and are signed and filled out by parent/guardian
- Parent/Guardian has signed up for volunteer commitment
- Parent/Guardian has received Background check paperwork (If desired)

Please be advised all forms and cheques must be filled out and brought to registration, those parents missing items are not guaranteed to have their spot held.

LAGO LINDO PRESCHOOL 2019 - 2020 REGISTRATION FORM

Circle the program you wish to register your child in: Mon/Wed/Fri AM PM Tues/Thurs AM

Child's Name _____ Date of Birth _____ M F
 Gender _____ Community League Mbshp # _____

1st Parent's/Guardian's Name _____ 2nd Parent's/Guardian's Name _____

1st Parent's/Guardian's Email address _____ 2nd Parent's/Guardian's Email address _____

E-mail addresses used for communications from Teachers & the Preschool Board (i.e. orientation, monthly newsletters, field trips, etc.)

() _____ () _____ () _____ () _____
 Home Phone Alternate Phone Home Phone Alternate Phone

Address (Parent/Guardian 1) _____ Address (Parent/Guardian 2; if different from Parent 1) _____

City/Province/Postal Code _____ City/Province/Postal Code _____

Child's address or circle: same as Parent/Guardian 1 same as Parent/Guardian 2 same as both

ALTERNATE EMERGENCY CONTACTS

Primary Emergency Contact (other than parent/guardian) _____ Secondary Emergency Contact (other than parent/guardian) _____

() _____ () _____ () _____ () _____
 Home Phone Alternate Phone Home Phone Alternate Phone

Address, City _____ Address, City _____

DAILY PICK-UP INFORMATION

Please provide Names and Phone Numbers of Persons other than Parents/Guardians allowed to pick up your child:

Name and relationship to child _____ Name and relationship to child _____

() _____ () _____ () _____ () _____
 Home Phone Alternate Phone Home Phone Alternate Phone

MEDICAL INFORMATION

Please list any Allergies/Special Health Considerations: _____

Are your child's immunizations up-to-date? (Please circle one) **YES** **NO**

CHEQUES FOR FEES AND DEPOSITS; # of cheques required are 12

Registration Fee	1	\$50.00	Non refundable, for immediate deposit
Volunteer Commitment	1	\$200.00	Not dated, to be returned after volunteer commitment has been fulfilled.
Fundraising Cheque	1	\$225.00	Not dated, to be returned upon completion of fundraising commitment.
Fees – M, W, F	9	\$150.00	Mon,Wed/Fri Program – Post-dated for the 1 st of each month – September to May (Or 2 Cheques, 1 Sept. – Dec. for \$600.00, 1 Jan. – May for \$750.00)
Fees – Tues, Thurs	9	\$100.00	Tuesday, Thursday Program – Post-dated for the 1 st of each month, September to May (Or 2 Cheques, 1 Sept. – Dec. for \$400.00, 1 Jan. – May for \$500.00)

Please note that honoring volunteer commitments and participating in fundraising is mandatory in our program and you MUST purchase a 2019/2020 community league membership for Lago Lindo or the community in which you reside.

Parent(s)/Guardian(s) Signature(s) _____ Date _____

Please indicate whether you are interested in volunteering on our Preschool Board: **YES** **NO**

ADMINISTRATION OF FIRST AID

Name of Child: _____

Alberta Health Care Number: _____

Doctor Name: _____

Doctor Phone: _____

I _____
(parent/guardian name) hereby authorize the teaching staff of Lago Lindo Preschool to administer Emergency First Aid in the event that my child _____
(child name) is injured.

Further, in the event that an injury occurs that requires immediate medical attention, I:

_____ Authorize the removal of my child from Lago Lindo Preschool and transport to the closest Medical Facility for treatment.

_____ Agree to accept full financial responsibility for all fees incurred through the use of the services of an Ambulance for transportation.

Parent/Guardian Signature

Lago Lindo Preschool Representative

Date

ADMINISTRATION OF EMERGENCY MEDICINE

Name of Medication: _____

Dosage Required: _____

I _____
(parent/guardian name) hereby authorize the teaching staff of Lago Lindo Preschool to administer the above named medication to my child _____
(child name).

I understand that any medication administered must be provided to Lago Lindo Preschool:

_____ in the original container issued by the Pharmacy

_____ with the original pharmaceutical label attached to the container with:

- The child's name
- The name of the medication
- The issuing doctor's name
- The exact dosage to be administered
- The appropriate times to be administered

In the event the medication is in the form of an EPI-PEN, I agree to educate the teaching staff of Lago Lindo Preschool as to how my child's symptoms present and the exact steps required to administer the medication.

Parent/Guardian Signature

Lago Lindo Preschool Representative

Date

FIELD TRIP CONSENT FORM

I _____ hereby authorize the teaching staff of Lago Lindo Preschool to
(parent/guardian name)
accompany and supervise my child _____:
(child name)

- At the playground beside the Preschool.
- Outside the preschool doors on the property that houses the Community League and Preschool to play outdoor games and create crafts outdoors.
- On nature walks on and around the property that houses the Community League and Preschool.
- Gardening on the property that houses the Community League and Preschool.

Parent/Guardian Signature Lago Lindo Preschool Representative Date

Please note:

- Form to be placed and held in the registration file.
- Field trips other than the above listed will have a consent form signed prior to the field trip date.

PHOTO CONSENT FORM

I _____ give permission to Lago Lindo Preschool Association
to
(parent/guardian name)
photograph or film my child _____ for the following activities only.
(child name)

Please check all that apply. Photos may be used for:

- craft activities
- fund-raising activities
- Facebook Page
- class yearbook/scrapbook
- year-end DVD presentation

Please note:

Any photographs used for Facebook page will remain visible on page unless otherwise requested by parent/guardian
All photographs will be used for these purposes only and not in any other way.
All photos will be sent home at the end of the school year or deleted.

Parent/Guardian Signature Lago Lindo Preschool Representative Date



LAGO LINDO PRESCHOOL ASSOCIATION
17123 – 95 ST
EDMONTON, AB
T5Z 1Z9

Please Initial

I have read and understood the Potty Training Policy.

I have read and understood the Withdrawal Policy.

I have read and understood the expectations of the fundraising commitment.

I have read and understood the expectations of the volunteer commitment.

**ACCEPTANCE OF ALL OTHER 2019 – 2020 LAGO LINDO PRESCHOOL PARENT HANDBOOK/
POLICIES AND PROCERDURES**

This form must be completed and returned at the time of Registration

In signing below you are accepting and agreeing to the conditions and terms of Lago Lindo Preschool upon Registration.

Parent/Guardian #1 Name: _____

Parent/Guardian #1 Signature: _____

Parent/Guardian #2 Name: _____

Parent/Guardian #2 Signature: _____

Child's Name: _____

Child's Birth Date: _____ (month/day/year)

Child's Age: _____

Date: _____

Signature of Lago Lindo Preschool Representative