

# 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 \$110.00 for Tuesday/Thursday monthly fees, post dated for the 1st of each month
- 9 cheques for \$165.00 for Monday/Wednesday/Friday classes monthly fees, post dated for the 1st of each month
- 1 cheque for \$660.00 September- December and 1 cheque for \$825.00 for January-May for Monday/Wednesday/Friday classes fees
- 1 cheque for \$440.00 September-December and 1 cheque for \$550.00 for January-May for Tuesday/Thursday class fees
- \$1465.00 Cash for Tuesday/Thursday class fees (includes amounts for registration fee, volunteer commitment and fundraising commitment)
- \$1960.00 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 2020/2021 year available in the fall.

## Non Lago Lindo Community Residents

- Purchased a community league membership for the community they reside in for 2020/2021 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 2020 - 2021 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 # \_\_\_\_\_

1<sup>st</sup> Parent's/Guardian's Name \_\_\_\_\_ 2<sup>nd</sup> Parent's/Guardian's Name \_\_\_\_\_

1<sup>st</sup> Parent's/Guardian's Email address \_\_\_\_\_ 2<sup>nd</sup> 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**

<b>Registration Fee</b>	1	<b>\$50.00</b>	<b>Non refundable, for immediate deposit</b>
<b>Volunteer Commitment</b>	1	\$200.00	Not dated, to be returned after volunteer commitment has been fulfilled.
<b>Fundraising Cheque</b>	1	\$225.00	Not dated, to be returned upon completion of fundraising commitment.
<b>Fees – M, W, F</b>	9	\$165.00	Mon,/Wed/Fri Program – Post-dated for the 1 <sup>st</sup> of each month – September to May (Or 2 Cheques, 1 Sept. – Dec. for \$660.00, 1 Jan. – May for \$825.00)
<b>Fees – Tues, Thurs</b>	9	\$110.00	Tuesday, Thursday Program – Post-dated for the 1 <sup>st</sup> of each month, September to May (Or 2 Cheques, 1 Sept. – Dec. for \$440.00, 1 Jan. – May for \$550.00)

*Please note that honoring volunteer commitments and participating in fundraising is mandatory in our program and you MUST purchase a 2020/2021 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 2020 – 2021 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: \_\_\_\_\_

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Signature of Lago Lindo Preschool Representative