

Registration Package Checklist (To be attached to all applications)

Mandatory Cheques (mandatory for every application excluding those paying cash)

cheques are made payable to "Lago Lindo Preschool" and must include child's name on each cheque

- o 1 for \$50.00 Registration Fee, Dated for registration night, non-refundable
- o 1 for \$200.00 Volunteer Commitment, **not dated**, returned upon fulfillment of commitment
- o 1 for \$225.00 Fundraising Commitment, **not dated**, returned upon fulfillment of commitment
- o 1 for \$25.00 Community League Membership, dated Dec.1, returned when you show proof of membership in your respective community league.

Fee Payment Options (Please check off applicable option)

- o 9 cheques for \$38.30 for Tues/Thurs (TTH) monthly fees, post dated for the 1st of each month (Sept-May)
- o 9 cheques for \$94.95 for Mon/Wed/Fri (MWF) monthly fees, post dated for 1st of each month (Sept-May)
- o 1 cheque for \$153.20 Sept-Dec and 1 cheque for \$191.50 for Jan-May for TTH class fees
- o 1 cheque for \$379.80 Sept-Dec and 1 cheque for \$474.75 for Jan-May for MWF class fees
- o \$883.00 Cash for TTH class fees (includes amounts for registration fee, volunteer commitment, fundraising commitment and community league membership)
- o \$1449.50 Cash for MWF class fees (includes amounts for registration fee, volunteer commitment, fundraising commitment and community league membership)

Completed Forms

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

Lago Lindo Community Residents

- o Proof of address i.e: Photo ID or Utility Bill (only required for priority registration on registration night)
- o Proof of a Lago Lindo Community league membership for 2022/2023 year (available to purchase starting Aug. 1, 2022) or the \$25 community league membership cheque so that one can be purchased for you

Non Lago Lindo Community Residents

- o Proof a community league membership for your respective community for 2022/2023 year (available to purchase starting Aug. 1, 2022) or the \$25 community league membership cheque to purchase a Lago Lindo Community League Membership.

Requested Volunteer Commitment, please check one.

- o Board Position (please indicate your preferred positions)
1st Choice _____ 2nd Choice _____
- o Monthly Cleaning night (please indicate your preferred months, note there are no cleanings in Sept or Dec)
1st Choice _____ 2nd Choice _____
- o Bingo
- o Fundraising Committee
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

- o All cheques have been checked and are correctly filled out or if paid in cash amount has been double counted.
- o All forms have been double checked and are signed and filled out by parent/guardian
- o Parent/Guardian has signed up for volunteer commitment
- o 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.

Circle the program you wish to register your child in:

Mon/Wed/Fri

AM

PM

Tues/Thurs

AM

Child's First Name

Child's Last Name

Community League Mbshp #

Child's Preferred First Name

Date of Birth(DD-MM-YYYY)

M F
Gender1st Parent's/Guardian's Name2nd Parent's/Guardian's Name1st Parent's/Guardian's Email address2nd 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
Phone Alternate

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**

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 Commitment	1	\$225.00	Not dated, to be returned upon completion of fundraising commitment.
Community League Mem	1	\$25.00	Dated Dec. 1, to be returned upon proof of community league membership
Fees – M, W, F	9	\$94.95	Mon/Wed/Fri Program – Post-dated for the 1 st of each month – September to May (Or 2 Cheques, 1 Sept. – Dec. for \$379.80, 1 Jan. – May for \$474.75)
Fees – Tues, Thurs	9	\$38.30	Tuesday, Thursday Program – Post-dated for the 1 st of each month, September to May (Or 2 Cheques, 1 Sept. – Dec. for \$153.20, 1 Jan. – May for \$191.50)

Please note that honoring volunteer commitments and participating in fundraising is mandatory in our program and you MUST purchase a 2022/2023 community league membership for Lago Lindo or the community in which you reside.

Parent(s)/Guardian(s) Signature(s)

Date

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

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

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 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

Date

FEE SUBJECTIVITY UNDERSTANDING

I _____ understand that the monthly 2022/23 school fees are contingent to the AB Government’s implementation and continuation of the ‘Affordability Grant’. Any changes or cancellation of the ‘Affordability Grant’ may result in monetary changes to monthly fees with a 30 day notification from the preschool.

(parent/guardian name)

_____ Parent/Guardian Signature

_____ Date

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

Please Initial

- I have read and understood the Withdrawal Policy. _____
- I have read and understood the Potty Training Policy. _____
- I have read and understood the expectations of the fundraising commitment. _____
- I have read and understood the expectations of the volunteer commitment. _____
- I have read and understood the fee subjectivity understanding. _____

ACCEPTANCE OF ALL OTHER 2022 – 2023 LAGO LINDO PRESCHOOL PARENT HANDBOOK/ POLICIES AND PROCEDURES

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 Current Age: _____

Date: _____