

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 \$844.70 Cash for TTH class fees (includes amounts for registration fee, volunteer commitment, fundraising commitment and community league membership)
- o \$1354.55 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.

LAGO LINDO PRESCHOOL 2022 - 2023 REGISTRATION FORM

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
 Gender _____

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

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

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: _____