

## 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\**

- 1 for \$75.00 Registration Fee, Dated for registration night, non-refundable
- 1 for \$200.00 Volunteer Commitment, **not dated**, returned upon fulfillment of commitment
- 1 for \$175.00 Fundraising Commitment, **not dated**, returned upon fulfillment of commitment
- 1 for \$25.00 Community League Membership, dated Nov.1, returned when you show proof of membership in your respective community league.
- 1 for \$50 Field Trip fee dated for September 1, 2023, non refundable after first day of classes

### Fee Payment Options (Please check off applicable option)

- 9 cheques for \$40.00 for Tues/Thurs (TTH) monthly fees, post dated for the 1st of each month (Sept-May)
- 9 cheques for \$95.00 for Mon/Wed/Fri (MWF) monthly fees, post dated for 1st of each month (Sept-May)
- 1 cheque for \$160.00 Sept-Dec and 1 cheque for \$200.00 for Jan-May for TTH class fees
- 1 cheque for \$380.00 Sept-Dec and 1 cheque for \$475.00 for Jan-May for MWF class fees
- \$885.00 Cash for TTH class fees (includes amounts for registration fee, volunteer commitment, fundraising commitment and community league membership)
- \$1380.00 Cash for MWF class fees (includes amounts for registration fee, volunteer commitment, fundraising commitment and community league MEMBERSHIP)

PLEASE NOTE THESE FEES ARE AFTER THE \$75 GRANT. ALL SUBSIDY APPLICATIONS MUST INCLUDE THE FULL COST (MWF AM/PM FEES ARE \$170.00/MONTH, TTH ARE \$115.00/MONTH)

### 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 or Utility Bill (only required for priority registration on registration night)
- Proof of a Lago Lindo Community league membership for 2023/2024 year (available to purchase starting Aug. 1, 2023) or the \$25 community league membership cheque so that one can be purchased for you

### Non Lago Lindo Community Residents

- Proof a community league membership for your respective community for 2023/2024 year (available to purchase starting Aug. 1, 2023) 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

- 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 2023 - 2024 REGISTRATION FORM**

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

Child's First and Last Name \_\_\_\_\_ Community League Mbshp # \_\_\_\_\_

Child's Preferred First Name \_\_\_\_\_ Date of Birth(DD-MM-YYYY) \_\_\_\_\_ M F  
Gender

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 ( ) \_\_\_\_\_ Home Phone  
Alternate 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 ( ) \_\_\_\_\_ Home  
Phone Alternate Phone 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	\$75.00	Non refundable, for immediate deposit
<b>Volunteer Commitment</b>	1	\$200.00	Not dated, to be returned after volunteer commitment has been fulfilled.
<b>Fundraising Commitment</b>	1	\$175.00	Not dated, to be returned upon completion of fundraising commitment.
<b>Community League Mem</b>	1	\$25.00	Dated Nov. 1, to be returned upon proof of community league membership
<b>Fees – M, W, F</b>	9	\$95.00	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 \$380.00, 1 Jan. – May for \$475.00)
<b>Fees – Tues, Thurs</b>	9	\$40.00	Tuesday, Thursday Program – Post-dated for the 1 <sup>st</sup> of each month, September to May (Or 2 Cheques, 1 Sept. – Dec. for \$160.00, 1 Jan. – May for \$200.00)

*Field Trip Fee 1 \$50 Dated for immediate deposit, non refundable after first day of classes*

*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 2023/24 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 2023 – 2024 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: \_\_\_\_\_