Application Check List – 2023/2024

Welcome to Green Door Preschool!

The following information will help you prepare for the application of your child for the 2023 / 2024 year. Please read through this page and complete the checklist before coming to the registration day.

Application Checklist

In order to register your child in one of our classes you must provide the following:

Completed and signed registration form (attached)

Completed and signed health record form (attached)

E-transfers are due on the first of every month

\$100.00 registration fee (non-refundable) - payable at the time of registration

June's fee (Same as the monthly fee) payable at the time of registration

Additional Information

- Class placements will be on a first come, first served basis.
- All e-transfers can be to debbie@greendoorschool.ca
- Those currently registered in a class and wait listed in another class will receive priority over those not registered in the school and on a wait list.
- We require written notice of one month to withdraw your child from Green Door. For example: if leaving March 1, you must present written notice by February 1. If the one-month notice is not provided, you are responsible for one month's fee.
- There will be a \$30.00 NSF fee charged for all returned cheques (If paying by cheques).

Please call Debbie at (403) 870-7367 if you require more information or assistance with your application.

You can also visit and tell your friends about our website at www.greendoorschool.ca

Thank you for your support!

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Application Form Director: Debbie Sheppard Midnapore Pre-Reg Fee & June Fee Image: Sheppard Midnapore													
Etransfers: Se	ept C	Oct I	Nov	Dec	Jan	Feb	Mar	April	Ма	ay			
Child's Name: Address: Parent's Names: Person(s) to pick						Po Work I	ostal Co Phone:_	ode:		Phor	e:		_/
Mark 1 st , 2 nd ,													
				PROG	RAM	CHOIC	<u>ES</u>						
		<u>(Plea</u>	ise as	<u>k abou</u>	t our	<u>5 day a</u>	week	optior	<u>1)</u>				
<u>Three Year C</u>	old Prog	gram 3	<u>Hours</u> :	\$182.00) per m	onth (aft	er govern	nment fu	unding)	+ \$100	0.00 Reg	gistratio	n Fee
		Tu	es, & T	nurs.	9:00) am - 12	:00 pm	3A	_				
		Tu	es, & T	nurs.	12:30	0 pm - 3	:30 pm	3B	_				
<u>Four Year O</u>	<u>ld Prog</u>	iram 3 l	<u>Hours</u> :	\$234.00	per mo	onth (afte	er governi	ment fu	nding) ·	+ \$100	.00 Reg	istration	ı Fee
		Mo	n, Wed	& Fri.	9:00) am - 12	2:00 pm	4A					
		Mo	n, Wed	& Fri.	12:3	0 pm - 3	3:30 pm	4B					
<u>Four Year Old Pro</u>	ogram ((Modifie	ed) 3 H	<u>ours</u> : \$1	97.00 p	er monti	h (after g	overnm	ent fun	ding) +	\$100.0	0 Regisi	tration Fee
		Tu	es, & T	nurs.	9:00) am - 12	:00 pm	4MA_					
		Tu	es, & T	nurs.	12:30	0 pm - 3	:30 pm	4MB_					
Junior Kinder	rgarten	<u>Progra</u>	<u>am 3 Ho</u>	<u>ours</u> : \$24	44.00 p	er month	n (after go	overnm	ent fund	ling) +	\$100.00) Regist	ration Fee

Mon, Wed, & Fri.	9:00 am - 12:00 pm	JKA
Mon, Wed, Fri.	12:30 pm - 3:30 pm	JKB

Office Use Only:	Registration Fee \$	E-transfer #	Date		
	June Fee \$	E-transfer #	Date		

-

Photo of your child:

Date of Enrolment:_____

Child's Legal Name:				
:	Surname		First	Middle
Name Child responds t	0:			
Child's Birth date: Day	Month	Year	Sex: M F	
Address:				
Child's first language:_		Child's se	econd language:	
Parent #1:				
Name				
Address				
Postal Code				
Phone Home				
Place of Work				
Address				
E-mail				
Parent #2:				
Name				
Postal Code				
Place of Work				
Address				
E-mail				

I have transferred the \$100.00 registration fee plus June's fee and will etransfer on the first of every month. Yes_____

Other Person(s) living in the home:

Children:		Age	M _	_F
			M_	_F
Person(s) Authori	zed to pick up Child (other th	nan parents):		
		. ,		
Alternate Emerge	ncy Contact(s) to call incase	e of emergency:		
Name:		Phone:		
Address:		Relationship:		
Name:		Phone:		
Address:		Relationship:		
	from home? (Daycare, Sund	•	•	,
	<pre> If yes please describe:</pre>			·····
When attended: _				······································
(Initial) I hereby such as special	August 1). If one month's not give Green Door Nursery S websites, newspapers and	tice is not provided the fee for School Ltd permission to tak magazines. I also give per Christmas, Easter, field tri	or that month will the pictures/videos of mission for my choos and any other	of my child for use in advertising ild's picture/video to be taken at special events that parents are

Signature:_____

Date:_____

Health Record

Alberta Health Care Insurance Number:						
Doctor's Name:	Phone: _					
Address:						
Is your child immunization up to date? Yes	No	If no, please explain:				
Is your child on any ongoing medication? Yes	No	If yes, please explain:				
Does your child have any allergies?If yes	s please desc	ribe:				
Any special diet concerns?						
Has your child any medical or emotional conditions re	equiring treat	ment or supervision?				
	. –					
Any comments or concerns you feel may help in any	way:					
In the event of an accident, I give permission to Gree	en Door Nurse	ery School Ltd. to contact Emergency Medical Services				

and if deemed necessary transport my child to a medical facility at my expense. I give permission for my child to accompany his/her class offsite incase of an emergency. I have also read and agree to the discipline policies. I declare that the information contained in this "Health Record" is true and correct.

Parent's Signature: _____Date: ____Date: _____Date: _____Date: ___