

Application Check List – 2026 Summer School

Welcome to Green Door Preschool!

The following information will help you prepare for the application of your child for the 2026 summer. Please read through this page and complete the checklist before coming to the registration day.

Application Checklist

To register your child in one of our classes, you must provide the following:

- ☐ \$25.00 month deposit (will go toward your monthly payment) It is non-refundable
- ☐ Completed and signed health record form (attached)
- ☐ Completed and signed application form (attached)

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 waitlist.

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

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

Thank you for your support!

Application Form Director: Debbie Sheppard

Summer School

E-transfers: Dep \$25.00 Aug 4th - Aug 28th

Child's Name: _____ Sex: M__F__ Birthday:_____/_____/____

Address: _____ Postal Code: _____ Phone: _____

Parent's Names: _____ Work Phone: _____ Allergies _____

Person(s) to pick up your child: _____

Please Mark 1st and 2nd choice

PROGRAM CHOICES

(Please ask about our 5 days a week option)

Two Days a Week Program 3 Hours: \$180.00 per month (after government funding)

Tues & Thurs. 9:00 am - 12:00 pm A__

Tues & Thurs. 12:30 pm - 3:30 pm B__

Three Days a Week Program 3 Hours: \$225.00 per month (after government funding)

Mon, Wed, & Fri. 9:00 am - 12:00 pm A__

Mon, Wed, & Fri. 12:30 pm - 3:30 pm B__

Office Use Only:

Deposit \$ _____ E-transfer # _____ Date _____

Photo of your child:

Date of Enrolment: _____

Child's Legal Name: _____
Surname First Middle

Name Child responds to: _____

Child's Birth date: Day ____ Month ____ Year ____ Sex: M__ F__

Address: _____

Child's first language: _____ Child's second language: _____

Parent #1:

Name _____

Address _____

Postal Code _____

Phone Home _____

Work/Cell _____

Place of Work _____

Address _____

E-mail _____

Parent #2:

Name _____

Address _____

Postal Code _____

Phone Home _____

Work/Cell _____

Place of Work _____

Address _____

E-mail _____

Other Person(s) living in the home:

Children: _____ Age _____ M ___ F ___
 Children: _____ Age _____ M ___ F ___
 Children: _____ Age _____ M ___ F ___
 Adults: _____ Relationship: _____
 Adults: _____ Relationship: _____

Person(s) Authorized to pick up Child (other than parents):

1. _____ Phone: _____
 2. _____ Phone: _____
 3. _____ Phone: _____
 4. _____ Phone: _____

Alternate Emergency Contact(s) to call in case of emergency:

Name: _____ Phone: _____
 Address: _____ Relationship: _____

Name: _____ Phone: _____
 Address: _____ Relationship: _____

If there is a custody agreement please give details: _____

Indicate anyone to whom your child may not be released: _____

Experience away from home? (Daycare, Sunday school, Music, Dance, Day-home, Preschool)

Yes _____ No _____ If yes please describe: _____

Name of Facility: _____

When attended: _____

☐ I hereby give Green Door Nursery School Ltd permission to take pictures/videos of my child for use in advertising such as websites, newspapers and magazines. I also permit my child's picture/video to be taken at special events such as Halloween, Christmas, Easter, field trips and any other special events that parents are welcome to attend. I have read and understand the discipline policies of Green Door Preschool.

Signature: _____ Date: _____

Health Record

Alberta Health Care Insurance Number: _____

Doctor's Name: _____ Phone: _____

Address: _____

Is your child's 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 please describe: _____

Any special diet concerns? _____

Has your child any medical or emotional conditions requiring treatment or supervision?

Yes _____ No _____ If yes, please explain: _____

Any comments or concerns you feel may help in any way: _____

In the event of an accident, I permit Green Door Nursery School Ltd. to contact Emergency Medical Services and if deemed necessary transport my child to a medical facility at my expense. I permit my child to accompany his/her class offsite in case 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: _____