

Application Check List – 2026/2027

Welcome to Green Door Preschool!

The following information will help you prepare for the application of your child for the 2026 / 2027 school year. 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:

- 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) is payable at the time of registration

Additional Information

- Class placements will be on a first-come, first-served basis.
- All e-transfers can be sent 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.
- We require a written notice of one month to withdraw your child from Green Door. For example, if leaving on 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!

Application Form Director: Debbie Sheppard
Pre-Reg Fee & June Fee

Midnapore

E-transfers: Sept Oct Nov Dec Jan Feb Mar April May

Child's Name: _____ Sex: M F Birthday: _____ / _____ / _____

Address: _____ Postal Code: _____ Phone: _____

Parent's Names: _____ Work Phone: _____ Allergies

Person(s) to pick up your child: _____

Mark 1st, 2nd, and 3rd choice

PROGRAM CHOICES

(Please ask about our 5 days a week option)

Three-Year-Old Program 3 Hours: \$180.00 per month (after government funding) + \$100.00 Registration Fee

Tues & Thurs.	9:00 am - 12:00 pm	3A <input type="checkbox"/>
Tues & Thurs.	12:30 pm - 3:30 pm	3B <input type="checkbox"/>

Four-Year-Old Program 3 Hours: \$225.00 per month (after government funding) + \$100.00 Registration Fee

Mon, Wed, & Fri.	9:00 am - 12:00 pm	4A <input type="checkbox"/>
Mon, Wed, & Fri.	12:30 pm - 3:30 pm	4B <input type="checkbox"/>

Four-Year-Old Program (Modified) 3 Hours: \$185.00 per month (after government funding) + \$100.00 Registration Fee

Tues & Thurs.	9:00 am - 12:00 pm	4MA <input type="checkbox"/>
Tues & Thurs.	12:30 pm - 3:30 pm	4MB <input type="checkbox"/>

Junior Kindergarten Program 3 Hours: \$230.00 per month (after government funding) + \$100.00 Registration Fee

Mon, Wed, & Fri.	9:00 am - 12:00 pm	JKA <input type="checkbox"/>
Mon, Wed, Fri.	12:30 pm - 3:30 pm	JKB <input type="checkbox"/>

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 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 _____

I have transferred the \$100.00 registration fee plus June's fee and will e-transfer on the first of every month. Yes _____

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: _____

We require a written notice one month before withdrawal from Green Door (i.e. if leaving September 1, you must present written notice by August 1). If one month's notice is not provided, the fee for that month will be forfeited.

(Initial) I hereby give Green Door Nursery School Ltd permission to take pictures/videos of my child for use in advertising, such as websites. 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.

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 off-site 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: _____