

Application Check List - 2024/2025

Welcome to Green Door Preschool!

The following information will help you prepare for the application of your child for the 2024 / 2025 year. Please read through this page and complete the checklist before coming to the registration day.

Applicati	ion Checklist
In order to	o 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 onemonth 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 Trico

Pre-Reg Fee	& June	Fee											
Etransfers:	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	May				
Child's Name	:					_ Sex	: MF		Birthday:	/	·	/	_
Address:						Po	ostal Co	de:	Ph	one:			
Parent's Nam	ies:					Work	Phone:_			Alle	rgies		
Person(s) to p	pick up	your c	child:										
Mark 1st, 2	nd , and	1 3rd c	choice										
				PRO	GRAM	CHO	CES						
		<u>(P</u>	ease as	sk abou	ut our	5 day a	a week	option	1				
Three Ye	ar Old P	rogram	3 Hours	<u>:</u> \$182.0	0 per mo	onth (aft	er govern	ment fu	nding) + \$	100.00 F	Registratio	n Fee	
			Tues, & T	Thurs.	9:00) am - 12	2:00 pm	3A	_				
			Tues, & 7	Thurs.	12:30	0 pm - 3	3:30 pm	3B	-				
Four Yea	ar Old Pı	<u>rogram</u>	3 Hours	: \$234.00) per mo	onth (afte	er govern	ment fur	nding) + \$1	00.00 R	egistratio	n Fee	
		ı	Mon, Wed	d, & Fri.	9:00	0 am - 12	2:00 pm	4A_					
	Mon, Wed, & Fri.			12:3	0 pm - 3	3:30 pm	4B_						
Four Year Old	l Prograi	m (Mod	lified) 3 F	lours : \$1	197.00 p	er mont	h (after g	overnme	ent funding) + \$100	0.00 Regis	stration F	- ee
Tues, & Thurs.		9:00	9:00 am - 12:00 pm										
Tues, & Thurs.			12:30	0 pm - 3	3:30 pm	4MB_	_						
<u>Junior Kir</u>	<u>ndergart</u>	en Pro	gram 3 H	l <mark>ours</mark> : \$2	·				nt funding)) + \$100	.00 Regis	tration F	ee
-			Mon, We	ed, & Fri.	9:0	00 am - 1	12:00 pm						
			Mon, We	ed, Fri.	12:	:30 pm -	3:30 pm	JKB					
Office Use C	Only:	Regist	tration Fee	\$	Etr	ransfer #_		_ Date		_			
			June Fee	* \$	Etr	ransfer#_		_ Date		_			

GreenDoor PRESCHOOL

Photo of your child:		Date of Enrolment:				
Child's Legal Name: Surname						
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						
Work/Cell						
Place of Work						
E-mail						
Parent #2:						
Name						
Address						
Postal Code						
Phone Home						
Work/Cell						
Place of Work						
Address						
E-mail						
I have transferred the \$100.00 regmonth. Yes	gistration fee plus June's fee	and will etransfer on the first of every				



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 u	p Child (other than parents):		
1	Phone:		
2	Phone:		
3	Phone:		
4	Phone:		
Alternate Emergency Contact((s) to call incase of emergency:		
Name:	Phone:		
	Relationship:		
	Phone:		
Address:	Relationship:		
Indicate anyone to whom your	child may not be released:		
Yes No If yes ple Name of Facility:	(Daycare, Sunday school, Music, Dance, Dayease describe:		
יייובוו מונכווטכט.			
written notice by August 1). If of (Initial) I hereby give Green such as websites. I Halloween, Christma	ne month prior to withdrawal from Green Doo one month's notice is not provided the fee for Door Nursery School Ltd permission to take p all also give permission for my child's picture as, Easter, field trips and any other special ev the discipline polices of Green Door.	that month will be forfeited. pictures/videos of my child for use in advee/video to be taken at special events su	ertisino
Signature:	Date:		



Health Record

Alberta Health Care Insurance Number:	
Doctor's Name:	Phone:
Address:	
	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 condition Yes No If yes, pl	ns requiring treatment or supervision? lease explain:
Any comments or concerns you feel may help in	any way:
and if deemed necessary transport my child to a	Green Door Nursery School Ltd. to contact Emergency Medical Services medical facility at my expense. I give permission for my child to ergency. I have also read and agree to the discipline policies. ealth Record" is true and correct.
Parent's Signature:	Date: