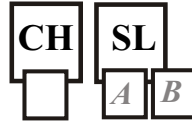




Building Blocks Playschools

BBPS FALL REGISTRATION FORM 2010/11



Child's Full Name _____ Nickname _____
Birth Date (month/day/year): _____ Date of Enrollment _____
Address: _____ City _____
Province _____ Postal Code _____ Home Phone _____
Alberta Health Care Number _____

Sessions you are enrolling your child in: (please circle your first choice of session for each day that is ticked off).

____ Mondays morning or afternoon
____ Tuesdays morning or afternoon
____ Wednesdays morning or afternoon
____ Thursdays morning or afternoon
____ Fridays morning or afternoon

Times of sessions:

CH: Morning: 8:30am 11:30am
Afternoon: 12:15pm 3:15pm

SL- Class A Morning: 8:30am 11:30am
Afternoon: 12:15pm 3:15pm

SL- Class B Morning: 8:45am 11:45am

Fee: \$60/month for 1 session per week

Please note: We require a minimum of 2 sessions per week

Fee Breakdown:

2 half days/week: \$120.00/month

3 half days/week: \$180.00/month

4 half days/week: \$240.00/month

5 half days/week: \$300.00/month

Children can only be registered in either mornings or afternoons in one day, not both.

Southlands Parents: BBPS will try to accommodate which morning class you prefer however we do reserve the right to register your child in the alternate morning class in order to better balance out the group sizes.

EDUCATING THROUGH LOVE, LAUGHTER, FRIENDSHIP AND FAMILY

Mother's Full Name _____
 Mother's Address: _____
 City _____ Province _____
 Postal Code _____ Mother's Home Phone _____

Mother's Employer _____
 Employer's Address _____ City _____
 Mothers Occupation: _____
 Hours at work: _____ to _____. Days at work: _____
 Work Phone: _____ ext. _____ Pager or Cell # _____

Father's Full Name: _____
 Father's Address _____
 City _____ Province _____
 Postal Code _____ Father's Home Phone _____

Father's Employer _____
 Employer's Address _____ City _____
 Father's Occupation: _____
 Hours at work: _____ to _____. Days at work: _____
 Work Phone: _____ ext. _____ Pager or Cell # _____

Emergency Contact's and Persons Authorized to remove child from playschool

Primary Emergency Contact (other than parents/guardian):
 Name _____
 Home Phone: _____ Cell/Pager _____ Work Phone: _____
 Emergency Contact Address _____
 Relationship to Child: _____

Secondary Emergency Contact (other than parents/guardian):
 Name _____
 Home Phone: _____ Cell/Pager _____ Work Phone _____
 Second Emergency contact address: _____
 Relationship to Child _____

Person(s) authorized to pick up my child(Besides parents/guardians or emergency contacts):
 #1 _____
 #2 _____

Emergency Release

Consent to Emergency First Aid & Transportation

I hereby give my permission that my child, may be given emergency treatment by Building Blocks Playschool. I also give permission for my child to be transported by car or ambulance to an emergency center for treatment if necessary. We will always try to contact you first.

Parent/Guardian Signatures: _____
 Date _____

Consent to Medical Care and Treatment

In the event that I cannot be contacted immediately, medical or surgical treatment can be administered to my child in the case of an accident or emergency, as prescribed by a treating physician.

Parents/Guardians Signatures: _____ Date: _____

Building Blocks Playschools will not be responsible for paying for the child's health care.

1. Child's Physician: _____ Phone: _____
2. Regular Medications: _____
3. Medicine allergies: _____
4. Food Allergies: _____
5. Any other Allergies: _____
6. Any special health conditions: _____
7. Are your child's immunizations up to date? (please circle) yes no
8. Is your child toilet trained? If not please provide further details _____

Signatures:

We hereby state that all the information in this registration form is true and that we agree to notify Building Blocks Playschool of any changes.

Parent/Guardian: _____ Date: _____
 Parent/Guardian: _____ Date: _____

We hereby state that we have been informed of and accept Building Blocks Playschool Discipline Policy.

Parent/Guardian: _____ Date: _____
 Parent/Guardian: _____ Date: _____

To secure your child's space please attach the \$25 (non-refundable) registration fee per child, payable when you hand in the registration form, along with ten post-dated cheques for September 1, 2010 to June 1, 2011.

Please make cheques payable to Building Blocks Playschools. Please note that the registration form will not be considered complete (your child's name will not be on a class list) without the registration fee and the ten post-dated cheques included. If you wish to pay with cash every month, you still need to include the cheques, however you may exchange your cheques in for cash before the last business day of every month.

Please note the contract at the end of the registration form, which needs to be initialed. Playschool starts on Tuesday, September 7, 2010. If you have any questions, please do not hesitate to call Andrea at 504-7544.

Parent Contract

By enrolling our child in Building Blocks Playschools, I/We agree to the following:
(Please initial on the blank lines)

I/We will pay the fee of \$40 for NSF charges if any are incurred. _____

I/We will provide 30 days written notice of termination **by the first of the month**, for all sessions or just some, and realize that failure to do so will result in forfeiture of fees until one full month's notice (first to the thirtieth) has been given. _____

I/We agree to pay \$1.00 per minute for every minute we are late picking up our child. The playschool allows for a five minute grace period and starts charging after that. _____

I/We acknowledge that fees are due at the beginning of the month and will pay a late fee of \$40 if fees are not given to the playschool on or before the first business day of the month. _____

I/We will not hesitate to speak to my child's teacher if any questions or concerns arise. _____

If any changes occur that are different on my child's registration form, I/We will notify the teacher about these changes. _____

I/We agree that our child can be photographed and video taped for the sole purpose and usage of BBPS. No pictures or video will be placed on the internet or given to the media without additional consent from you. _____

I/We agree that when the school is closed for holidays/severe weather/special family days or my child is absent for any reason, there is no adjustment in monthly fees. _____

I/We agree that we will work with our child's teacher to make our child's playschool year one of the most fun and exciting years yet! _____