



# Didsbury Preschool Society

Revised: 2019-01-25

P.O. Box 424 – 2154 18<sup>th</sup> Avenue Didsbury, AB T0M0W0 403-335-8818

www.didsburypreschool.ca – email: didsburypreschoolsociety@gmail.com

## September 2019 to June 2020 ~ Pre-registration Form

Child's Name: \_\_\_\_\_ Age as of September 1<sup>st</sup> 2019: \_\_\_\_\_  
First Middle Last

Child's Birth-date: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_  
Month Date Year

Mailing Address: \_\_\_\_\_ City/Town \_\_\_\_\_ Postal Code \_\_\_\_\_

Email Address: \_\_\_\_\_ Please include your email address. To be used for preschool information purposes only.

### Person with whom the child resides:

Mother and Father \_\_\_\_\_ Mother Only \_\_\_\_\_ Father Only \_\_\_\_\_ Guardian \_\_\_\_\_ Shared or Other \_\_\_\_\_

Are there any special family circumstances the teacher should be aware of? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Does your child have any difficulties with speech, communication, fears or other areas of development the teacher should be aware of?

If yes, please explain: \_\_\_\_\_

Parents or Legal Guardian Information: *please print* Email address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home # \_\_\_\_\_

Cell # \_\_\_\_\_

Place of work: \_\_\_\_\_ Work # \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home # \_\_\_\_\_

Cell # \_\_\_\_\_

Place of work: \_\_\_\_\_ Work # \_\_\_\_\_

I wish for my child to be registered in the following program: (please circle one)

1 day per week - \$70.00 per month - 2 days per week - \$100.00 per month

Please number the days listed below as first choice, second choice etc. Registrations for 1 day per week, please circle the day you prefer.

<del>Monday / Wednesday a.m.</del>	-	<del>8:45 a.m. to 11:15 a.m.</del>	<b>FULL</b>
Monday / Wednesday pm	-	12:30 p.m. to 3:00 p.m.	
Tuesday / Thursday a.m.	-	8:45 a.m. to 11:15 a.m.	
Tuesday/Thursday p.m.	-	12:30 p.m. to 3:00 p.m.	

**Please note:** The Didsbury Preschool Society will accommodate the earliest registrations first. We will always try to accommodate your first choice. However, classes will depend on registration numbers and majority class choice and date pre-registration was received. Please be sure you have read the *Handbook* and included the *non-refundable \$80.00 registration fee* – (this includes the \$1 society membership fee), to guarantee your child's place.

Signature of Parent or Legal Guardian: \_\_\_\_\_ date: \_\_\_\_\_ 2019

Parent or Legal Guardian: \_\_\_\_\_ date: \_\_\_\_\_ 2019

For office use only:

Child's Name: \_\_\_\_\_ Birth-date: \_\_\_\_\_ Age: \_\_\_\_\_

1<sup>st</sup> Choice for day: **Monday / Wednesday** **Tuesday / Thursday** a.m. p.m. Male / Female

Registration: Cheque # \_\_\_\_\_ / Cash \$ \_\_\_\_\_ / e-transfer \_\_\_\_\_ / Credit Card: \$ \_\_\_\_\_

Received Date: \_\_\_\_\_ Received By: \_\_\_\_\_