



Didsbury Preschool Society

P.O. Box 424 – 2154 18th Avenue Didsbury, AB T0M 0W0
403.335.8818 | www.didsburypreschool.ca | didsburypreschoolsociety@gmail.com

September 2024 to June 2025 ~ Pre-Registration Form

Child's Name: _____ Age as of September 1st, 2024 _____

First Middle Last

Child's Birthdate: _____ 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: _____

Parent(s) or Legal Guardian(s) Information:

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:

1 day per week - \$84.00 per month or 2 days per week - \$116.00 per month

Please number the classes listed below as first choice, second choice etc.

Registrations for 1 day per week, please circle the day you prefer.

Monday / Wednesday a.m. – 8:45 a.m. to 11:15 a.m. ****FULL****

Monday / Wednesday p.m. – 12:30 p.m. to 3:00 p.m.

Tuesday / Thursday a.m. – 8:45 a.m. to 11:15 a.m. ****FULL****

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 number, majority class choice and date pre-registration was received. Please be sure you have read the *Handbook* and include the **non-refundable \$85.00 registration fee** (this includes the \$1.00 society membership fee), to guarantee your child's place.

Signature of Parent of Legal Guardian: _____ Date: _____ 20 _____

Parent of Legal Guardian: _____ Date: _____ 20 _____

FOR OFFICE USE ONLY

Child's Name: _____ Birthdate: _____ Age: _____

1st Choice for Day: Monday / Wednesday a.m. Male Female

Monday / Wednesday p.m.

Tuesday / Thursday a.m.

Registration: Cheque # _____ Cash e-Transfer Credit Card

Received Date: _____ Received By: _____