

Active Learning

Nursery École



Program Registration Form 2012/2013

Child's Name:		Birth Date:	
Street Address:		City/Postal Code:	
Mother:		Father:	
Street Address:		Street Address:	
City/Postal Code:		City/Postal Code:	
Home #:	Work #:	Home #:	Work #:
Cell#:	Email:	Cell#:	Email:
Other than parents, who has permission to pick up your child?			
Person(s) who DO NOT have access to your child:			
Doctor's Name:		Phone#:	
Address:			
Child's Alberta Health Care Number:			
Emergency Contact #1:		Street Address:	
		City/Postal Code:	
Home #:	Work #:	Cell#:	
Emergency Contact #2:		Street Address:	
		City/Postal Code:	
Home #:	Work #:	Cell#:	

I agree to enroll my child in Active Learning Nursery École's:

Program:

- Beginner Program
- Intermediate Program (2 day)
- Intermediate Program (3 day)
- Advanced Program

Tuition

- \$275 Monthly
- \$275 Monthly
- \$350 Monthly
- \$350 Monthly

In the event of an emergency when I cannot be reached, I give permission for medical procedures deemed necessary by my Doctor, or other physicians selected by **Active Learning Nursery École**. I agree to compensate Active Learning Nursery École for the cost of any such medical assistance obtained. Parent's initials _____

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Guidelines and Standards of practice for attending Active Learning Nursery École:

1. Parents must provide a daily snack, and ensure that it is vegetarian and nut free in nature.
2. We ask parents to provide a backpack with indoor shoes, pull-ups and wipes (if required), and one change of clothing.
3. If parents wish to volunteer it is certainly welcomed but not required, as many parents cannot get the time off of work.
4. There is a yearly non-refundable Registration Fee & Deposit due at the time of registration. The Registration fee is \$50 also you must remit the Program Fee for June as a Deposit, and submit post-dated cheque's for September 2012 to May 2013. All NSF cheques will be charged a fee of \$30.
5. Withdrawal from the program requires 1 month's written notice given no later than the last business day of the month. Failure to do so will result in being charged for the following month whether or not you child attends the program. Partial months' notice will not be accepted (i.e. 3 weeks of one month and 1 week of the next).
6. All enrollment requests/changes must be sent via email to the administrator info@alne.ca
7. In the event of a field trip the parent will supply suitable attire for outside play in accordance with weather conditions both foreseeable and unforeseeable of the day.

I/We have read and understand the above information. Parent's initials: _____

Does your child have any allergies? Y / N

If yes, please explain the reaction: Hives or rash, asthma, hay fever or other; the CAUSE - food, insect bites, medicine or other; and the suggested TREATMENT: _____

Are there any medications administered to your child on a regular basis: _____

Please indicate any foods **not** permitted due to allergies: _____

Please indicate any foods **not** permitted due to preference: _____

Do you feel your child's speech is clear? Y / N

Can non-family members understand them? Y / N

Does your child respond well to a group atmosphere? Y / N

Is your child's immunizations up to date Y / N

If no why? _____

At time of signing I will provide:

1. **Non-refundable yearly Registration Fee of \$50.**
2. **A cheque for the Non-refundable June Deposit to secure your space dated for the day of signing.**
3. **Post Dated Cheques for Program Fees for the months of September 2012 to May 2013.**

Parent Name: _____

Signature: _____

Date: _____

Phone: (403) 473-0600

Email: info@alne.ca

Website: www.alne.ca