



Preschool Registration

Circle a Session: **Morning** 4 Year Old Class - \$175/month Mon/Wed/Fri 9:00-11:30

Afternoon 4 Year Old Class - \$175/month Mon/Wed/Fri 12:30-3:00

Morning 3 Year Old Class - \$150/month Tues/Thurs 9:00-11:30

Afternoon 3 & 4 Year Old Class - \$150/month Tues/Thurs 12:30-3:00

Child's FULL Name: _____

Address: _____

Home Phone Number: _____

Cell Number: _____ Work/Alt. Number: _____

Mother's Name: _____

Father's Name: _____

Email Address(es): _____

Do both parents live with your child?* YES ___ NO ___

If NO please provide phone/address for both. Primary guardian should be listed above, secondary guardian should be listed here:

Secondary Guardian's Name: _____

Address: _____

Home Phone Number: _____

Cell Number: _____ Work/Alt. Number: _____

Email Address: _____

*Please let us know if you would like 2 calendars or special invites to events at preschool for parents not residing together.



EMERGENCY CONTACT PERSON: (Other than parents)

Name: _____

Full Address: _____

Home Number: _____ Cell Phone: _____

Relationship: _____

Child's Birthdate: _____

Child's Doctor: _____

Alberta Health Care Number: _____

Are your child's immunizations up-to-date? YES ___ NO ___

Does your child have any allergies? YES ___ NO ___

If YES, please identify triggers and symptoms:

Does your child have a medical condition we should know about: YES ___ NO ___

Special Concerns with: Sight ___ Hearing ___ Speech ___ Other ___



Does your child have any fears, emotional/social concerns that should be brought to our attention?

Children must be toilet-trained to attend preschool, however, we realize this happens for each child at different ages. Do you have any concerns in this area?

Does your child have younger siblings who may attend Buzzing Bee Academy? Please list their names and birthdates for access to early registration:

STEPS TO COMPLETE REGISTRATION:

A non-refundable **registration fee** of **\$50**, and an **activity fee of \$100** (refundable should you cancel your registration) are required to secure your child's placement. Space is limited and registration is accepted on a first-come, first-served basis. Please follow these steps to complete your registration:

1. Complete this form and the attached Privacy Consent Form, and email to Miss Erin at **buzzingbeeacademy@gmail.com**. Don't have a scanner? Simply take a photo and send us a jpeg!
2. Send your \$150 fee via e-transfer to **buzzingbeeacademy@gmail.com** Please **note your child's name** in the message.
3. Post-dated cheques will be required for **September 1st - June 1st**. We will be in touch with you to make arrangements prior to our start date.



Privacy Consent Form

This consent form will be used when photos and/or videos taken by Buzzing Bee Academy identify individual students, and may be used for purposes outside the preschool, including **social media** and our **website**.

I, _____

(name of parent/legal guardian)

provide consent for _____

(name of student)

to be ___ interviewed ___ photographed ___ videotaped ___ audio-recorded for Buzzing Bee Academy. (**check all that apply**)

Buzzing Bee Academy foresees the use of **FOIP-protected information**, listed below, as being part of the basic functioning of the preschool. Please **check all** those for which you **provide consent**:

- use of a student's name, photo, and comments about the student in the newsletter, calendar, website, social media, or other preschool publication
- the taking of individual and class photos for school purposes
- the use of student names on artwork displayed in the school
- the use of student names in class lists
- the use of student names, addresses, parental contact information, for the provision of a class contact list
- the use of student names, addresses, parental and emergency contact information, for the provision of problems or emergencies

Signature of parent/legal guardian

Date