



Circle a Session: **Morning** - Flexible Options, Pick 2-3 days (no 1 day option), 9:00-11:30 am

Mon Tues Wed Thurs Fri (circle the days you want)

Afternoon - Flexible Options, Pick 1-3 days, 12:30-3:00 pm

Mon Wed Fri (circle the days you want)

Cost: 1 day a week \$175/month, parent portion \$75 after government grant

2 days a week \$205/month, parent portion \$105 after government grant

3 days a week \$245/month, parent portion \$145 after government grant

Child's FULL Name: _____

Address: _____

Child's Birthdate: _____

Home Phone Number: _____ Mom's Cell: _____

Dad's Cell: _____ 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. ____ Yes please ____ one is fine



EMERGENCY CONTACT PERSON: (Other than parents)

Name: _____

Full Address: _____

Home Number: _____ Cell Phone: _____

Relationship: _____

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 \$100, and an **activity fee** (refundable should you cancel your registration) of \$100 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! I will confirm the availability of your option choices and request registration payment.
2. Send your \$200 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 1, 2025 – June 1, 2026**. We will be in touch with you to make arrangements prior to our start date. Payment via etransfer in maximum 2 lump sums is also available.

Medical Waiver (signature required): I authorize the staff of Buzzing Bee Academy to arrange for emergency care or care in the nature of first aid for my child in the event that I cannot be contacted immediately. I agree to pay for all medical expenses incurred in case an ambulance is called.

Parent Handbook (signature required): I have read and fully understand the policies as stated in the parent handbook. I agree to follow and adhere to all policies and procedures.



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 ___ 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____, bulletin boards ____
- ☐ the taking of individual and class photos for school purposes (only to be put on Class Google Photo drive).
- ☐ the use of student names on artwork displayed in the school
- ☐ the use of student names in class lists and emails
- ☐ the use of student names, and 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