



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: \_\_\_\_\_ [L]  
[SEP]

Home Phone Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Work/Alt. Number: \_\_\_\_\_ [L]  
[SEP]

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:

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

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Special Concerns with: Sight  Hearing  Speech  Other



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

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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?

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

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#### **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 e-transfer in maximum 2 lump sums is also available.

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**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.

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**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

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Signature of parent/legal guardian

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Date