

**REGISTRATION FORM:**

(please indicate location choice)

- Sister O'Brien - 451 Silverwood Rd.
- St. Paul - 1527 Alexandra Ave.
- St. Angela - 302 Russell Rd.

**STUDENT INFORMATION**

**Child's Name** \_\_\_\_\_  
(last) (first) (middle)

**Name Called:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ (Month/Day/Year)

**Home Phone:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Address** \_\_\_\_\_  
(street) (city) (postal)

**Mother's Name or Primary Guardian** \_\_\_\_\_

**Cell:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Father's Name or Secondary Guardian** \_\_\_\_\_

**Cell:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Emergency Contact #1** \_\_\_\_\_

**Relation** \_\_\_\_\_ **Phone** \_\_\_\_\_ - \_\_\_\_\_

**Emergency Contact #2** \_\_\_\_\_

**Relation** \_\_\_\_\_ **Phone** \_\_\_\_\_ - \_\_\_\_\_

**Child's Family Doctor** \_\_\_\_\_ **Hosp.#** \_\_\_\_\_

**Child's Dentist Name** \_\_\_\_\_

List any food restrictions and **ALL allergies** (please be sure to lists signs of reaction to the noted allergy as well as care i.e., EpiPen):

---

---

Your child's health:

- Very Good
- Normal
- Below Average (please explain)

---

We will be playing outside and using the school gymnasium. Does your child have any physical restrictions we should be aware of? \_\_\_\_\_

---

### PERMISSIONS

Do we have permission to release your child's name, number, email address for the class phone list?

- YES
- NO

Do we have permission to use your child's picture (yearbook, crafts, pictures on bulletin board, etc.)?

- YES
- NO

We have permission to release your child to the following people if a parent/guardian is not available to do so Please list anyone who will be picking up your child for you (i.e. Childcare, grandparents):

- Name \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
- Name \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

We ask all families accept our invite to join our Class Dojo account. If you wish for your child's photo to **not** be posted within this **PRIVATE** (per preschool class group) digital platform, please inform us by email and we will ensure your child's photos are only shared with you privately.

Please list any siblings & birth dates

---

---

Parental Comments: \_\_\_\_\_

---

---

## THE U-PICK PROGRAM

Please indicate the number of days you are interested in having your child enrolled:

___1-Day Program	\$750.00 Per Year	or	\$75.00 Per Month
___2-Day Program	\$1150.00 Per Year	or	\$115.00 Per Month
___3-Day Program	\$1450.00 Per Year	or	\$145.00 Per Month
___4-Day Program	\$1700.00 Per Year	or	\$170.00 Per Month
___5-Day Program	\$1950.00 Per Year	or	\$195.00 Per Month

\*We do recommend a minimum 2 day/week program, if one day per week is your option we recommend a Tuesday, Wednesday or Thursday choice

**A.M/Schedule (9:00-11:30) Monday through Friday**  
**P.M/ Schedule (12:50-3:20) Monday through Friday**

***Indicate which days and times*** you prefer your child to attend(am + pm NOT available on same day):

---

---

**Parent or Guardian Signature:** \_\_\_\_\_

*(By signing you attest all the above information and permissions are correct and agree to follow all Little People's Preschool Rules and regulations outlined in the Family Handbook.)*

**DATE:** \_\_\_\_\_

\*\* Application consideration will be on a first come, first serve basis by date received.

Please return this completed form along with a \$50.00 (with today's date) **non-refundable registration fee and full years tuition** or **ten postdated** cheques for the first of the month starting September - June

If choosing to pay monthly payments via e-transfer please inform when returning the registration form

**\*\* please make cheques payable to: Little People's Preschool**

**\*\* e-transfer accepted to littlepeoplespreschool@outlook.com**

Financial assistance is available on approval through Saskatoon Preschool Foundation

**THANK YOU!!**

**We look forward to the fun year ahead!!!**