

Little People's Preschool
Saskatoon, Saskatchewan
306-292-7299
Email: littlepeoplespreschool@outlook.com

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 Contacts in the event parents are unreachable in an emergency:

Emergency Contact #1 _____

Relation _____ **Phone** _____ - _____ - _____

Emergency Contact #2 _____

Relation _____ **Phone** _____ - _____ - _____

Please list any siblings & birth dates

List any food restrictions and **ALL allergies** (please be sure to list 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 _____ - _____ - _____

Class Dojo

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.

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!!!