



Little Stars

12400 Crestmont Blvd SW

Calgary Alberta T3W5B5

403-241-6261

APPLICATION FOR PROGRAM ENROLLMENT

REGISTRATION FEE \$100.00 PER CHILD
Applies to any program (non-refundable)
Includes a school bag for your child and
the event fee for the school year.

Preschool Programs (Please check applicable class)

Date of Commencement: _____ (Classes run from September to June.)			
_____ PS1 Morning	Tues/Thurs	9:00 to 11:30am	\$250/month
_____ Jr. K Morning	Mon/Wed/Fri	9:00 to 11:30am	\$300/month
_____ 5 Days			\$450/month

One month deposit fee required (non-refundable). Post dated cheques for the 1st of each month or preauthorized credit card payments required. Children must turn 3 by the end of February of the school year to enter the Preschool Program

Child's Name: _____
(surname) (given)

Address: _____

Phone: _____ (postal code)

Birthdate: _____ Month Day Year Health Care# _____

Family Physician: _____ Phone: _____

ADDRESS: _____

Are Immunizations up to date? Yes _____ No _____ If NO, please indicate reason. _____

Parent Information:

Mother: _____ Phone: _____

Address: _____

Occupation: _____ Work Phone: _____

Email Address _____ Cell Phone: _____

Father: _____ Phone: _____

Address: _____

Occupation: _____ Work Phone: _____

Email Address _____ Cell Phone: _____

Please notify us immediately of any changes in address or phone numbers.

EMERGENCY CONTACT INFORMATION
(other than parents)

1. Name: _____ Phone: _____
Relationship to child: _____
Address: _____
2. Name: _____ Phone: _____
Relationship to child: _____
Address: _____

Emergency contacts are persons **other than the parents**, who are available during school hours to pick up the child in an emergency when parents cannot be contacted. Please provide cell phone or business numbers when possible and complete address (including postal code).

HEALTH INFORMATION

Is there anyone who is not allowed access to your child? Yes ___ No ___ Supporting documents **MUST** be on file.

Details: : _____

Does your child have any medical conditions or allergies? Signs and symptoms for teachers to look for: _____

Does your child have any special diagnosis or behavioral issues? Please provide details: _____

Is your child taking medication on a regular basis? Please provide details: _____

If your child has Epi-Pen or Asthma inhalers that could be administered at school, parents must fill out a separate medication administration form. Children that have allergies, parents will be asked to fill out an allergy form to provide more details.

Immunization records-Please attach a copy of your child's records.

ABOUT YOUR CHILD

Please list family members residing with the child, their relationship to the child, and ages of siblings: _____

Has your child attended a childcare program before? _____

Does your child have any special interests? _____

Favorite indoor activity? _____

Favorite outdoor activity? _____

What language is spoken at home? What languages does the child understand? _____

Does your child have any fears or phobias we should be aware of? _____

How does your child express their feelings? (anger, frustration, etc): _____

Is your child potty trained? Diapers? ___ Pullups? ___ Underwear? ___

Potty issues? _____

What words does your child use for the use of bathroom? _____

Is there anything else you feel we should know? _____

PERMISSION FORM

**Please read and
initial all the terms
below**

____*I hereby grant permission for my child to use all of the play equipment and participate in all the activities of the school and to leave the school premises in an authorized vehicle, under the supervision of staff or parent volunteers on field trips, or on supervised walks off the school premises. I understand that if my child is being transported in a parent volunteer vehicle, it is my responsibility to provide that parent with the proper seat restraint for my child. I understand that my child may be transported in a school bus for field trips and that these vehicles do not have seat belts or child seats.

____*I hereby grant permission for my child to be included in evaluations, photographs, video or interviews connected with the school program. I understand my child's photograph may be used on Little Stars website, Facebook, Twitter or Instagram. Photos on all social media site will have the child's face blocked.

____*I hereby grant permission for the Director or Acting Director to take whatever steps necessary to obtain emergency medical care for my child, if warranted. These steps may include, but are not limited to the following:

1. Attempt to contact parent or guardian
2. Attempt to contact child's physician
3. Attempt to contact persons listed on the Emergency Contact list.
4. If any of the above are unsuccessful, we will do any or all of the following:
 - a. Call another physician
 - b. Call Emergency Medical Services
 - c. Have child transported to Hospital in the care of a staff member.
5. Any expense incurred under 4. (above) will be borne by the child's family.

____*I / We have received and read, understood and agree with Little Stars parent handbook. Little Stars will not be held responsible for anything that may occur as a result of false information given at the time of enrollment or withheld after. I / We hereby indemnify and save harmless Little Stars, their agents or employees from any lawsuit arising unless such damages are due to proven negligence or any event which may result from the actions of any child, employee or agent associated with Little Stars.

____**WITHDRAWAL:** We assume that parents have put in time and consideration in selecting Little Stars for their child's childcare facility, and we strive to make the experience a positive one for both parents and children. Withdrawals will **only** be considered in cases where children are not coping well in the program, or where Little Stars staff recommends other placement for the child. Refunds for deposit fees will **only** be given under these exceptional circumstances, and parents agree that if they withdraw their child prior to or during the school year, they forfeit the deposit and registration fees. There will be **NO EXCEPTIONS** to this policy.

I / WE AGREE TO ALL OF THE TERMS OUTLINED ABOVE:

Parent / Guardian Name	Signature	Date
------------------------	-----------	------

Parent / Guardian Name	Signature	Date
------------------------	-----------	------

One parent must signed before the registration form will be accepted.

