

Little Koala Care Child Care

123 Ridge Road, SW
Calgary, T2T L4K
Contact #: 403-290-7160

REGISTRATION FORM

WELCOME TO LITTLE KOALA CARE

Registration Checklist

Please complete the following requirements for enrolment:

- Registration Fee (\$75.00 – non- refundable and payable at the time of Registration)
- 10 post- dated cheques dated January 1, 2016 to January 1, 2017 (payable to Little Koala Care Child Care)
- Completed and signed Registration Form
- Completed and signed the Portable Record Form
- Completed and signed Health Record Form, if applicable
- Signed the Policies forms (Please see attached documents)
- a. Those students currently enrolled will receive priority in the enrolment
- b. Class placements of students will be on a first come, first served basis
- c. There will be a \$ 30.00 NSF fee charged for all returned cheques.
- d. A 30 days written notice is required prior to withdrawal (e.g. If leaving October 1, you must present written notice by September 1), If the parent failed to give a withdrawal notice, the fee for that month will be forfeited
- e. There is no refund for partial months due to vacation or illness.

Please indicate full-time or part-time hours each day

Days and hours:

Monday	Tuesday	Wednesday	Thursday	Friday

Little Koala Care

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CHILD INFORMATION

Full Name	Date of Birth (M/D/Y)
Home Address	City Postal Code
Alberta Health Care Number	Immunization up to date? Yes _____ No _____
Does your child have any allergies? Yes _____ No _____	If yes, please explain.
Is your child on any medication? Yes _____ No _____	If yes, please explain.
Would this medication be needed during preschool hours? Yes _____ No _____	Any other health concerns?

PARENTS INFORMATION

Mother's Name	Cell Phone
Home Address	Home Phone
City Postal Code	Work Phone
Father's Name	Cell Phone
Home Address	Home Phone
City Postal Code	Work Phone

EMERGENCY CONTACTS (Other than the parents or guardians)

Contact Name	Cell Phone
Home Address	Home Phone
City Postal Code	Work Phone
Contact Name	Cell Phone
Home Address	Home Phone
City Postal Code	Work Phone

PERSONS AUTHORIZED TO DROP OFF AND PICK UP THE CHILD

(Other than the parents/ guardians and emergency contacts)

Name _____ Relationship to Child _____

Home/ Cell Phone _____

Name _____ Relationship to Child _____

Home/ Cell Phone _____

Name _____ Relationship to Child _____

Home/ Cell Phone _____

INFORMATION ABOUT YOUR CHILD

Language(s) spoken at home _____

Siblings _____ Age _____

_____ Age _____

_____ Age _____

_____ Age _____

Previous Experience in Preschool _____

Does your child have any condition or illness that would affect his/her at school?

Yes/No If yes, please specify _____

Please write down anything that you would like us to know about your child:

Name /Signature of Parent or Guardian

Date

Name/ Signature of Parent or Guardian

Date