



## THE THINK SUN PRE-SCHOOL ACADEMY KINDERGARTEN PREP REGISTRATION FORM

### CHILD'S INFORMATION

First Name:	Last Name:	Nickname:
Date of Birth:		Phone:
Current Address:		
City:	Province:	Postal Code:

### MOTHER'S INFORMATION

First Name:	Last Name:	
Current Address:		
City:	Province:	Postal Code:
Phone Home:	Phone Work:	Phone Cell:
Email Address:		

### FATHER'S INFORMATION

First Name:	Last Name:	
Current address:		
City:	Province:	Postal Code:
Phone Home:	Phone Work:	Phone Cell:
Email Address:		

### ALTERNATE EMERGENCY CONTACT

First Name:	Last Name:	
Address:		
City:		Postal Code:
Phone Home:	Phone Work:	Phone Cell:

### ABOUT THE CHILD

Any Fears?
Previous experience in preschool? Good? /Bad?
Any siblings? Names and ages:
What does pre-school education mean to you?

### HOW DID YOU HEAR ABOUT US?

News Paper Ad:	Yellow Pages:	Friend:	Other:
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## THE THINK SUN PRE-SCHOOL ACADEMY KINDERGARTEN PREP SESSIONAL REGISTRATION FORM

### CLASS REGISTRATION INFORMATION

Childs Name: \_\_\_\_\_

SESSION 1 February 27-March 22, 2018	12:45-2:45 PM	TUES/THURS
SESSION 2 April 10-May 3, 2018	12:45-2:45 PM	TUES/THURS
SESSION 3 May 8-June 3, 2018*No school May22	12:45-2:45 PM	TUES/THURS
Early Drop Off / Late Pick Up Option	Early Drop NA / Late Pick Up 2:45-3:15PM	

### SESSIONAL TUITION FEES

Class	Class Attending	Fee	Early Drop Off	Late Drop Off	Both Drop Off
Kindergarten Prep Sessional		\$270.00/SESSION	NA	\$60.00	NA

**\$75.00 one-time non-refundable registration fee all levels**

**\*If registered in more than one session, no further registration fee required**

A cheque or credit card auth. for Registration Fee is submitted at time of registration. Cheques or credit card auth. dated for EACH SESSION are also submitted at time of registration. Post-dated cheques or credit card auth. are due BEFORE the first day of school.

THERE IS NO REFUND FOR PARTIAL MONTHS DUE TO VACATION, ILLNESS OR WITHDRAWAL WITHIN 6 DAYS OF SESSION STARTING. YOU MAY WITHDRAW UP TO 7 DAYS PRIOR TO SESSION COMMENCING WITH PENALTY OF \$50.00 REGISTRATION FEE. Returned cheque (FOR ANY REASON) are subject to an additional fee of \$25.00.

I have read the above policies regarding payment of tuition, withdrawal, and refunds, and my signature attests to my agreement with the above conditions.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_



## THE THINK SUN PRE-SCHOOL ACADEMY KINDERGARTEN PREP REGISTRATION FORM

CHILD'S HEALTH RECORD INFORMATION			
First Name:		Last Name:	
Alberta Health Care Number:		Date of Birth: (day-month-year)	
Family Doctor's Name:		Doctors Phone Number	
My child's immunizations are up to date	Signature:		Date:
ALLERGIES			
SPECIFY AND SEVERITY:			
MEDICATIONS			
MEDICATIONS? PLEASE SPECIFY ANY MEDS TAKEN DAILY/OCCASIONALLY:			
Date:		Recheck:	
CHILDHOOD ILLNESSES (PLEASE INSERT DATE)			
CHICKEN POX		HEAD INJURY	
CONVULSIONS		FRACTURE	
WHOOPING COUGH		BRONCHITIS	
MEASLES		OTHER	
EAR INFECTIONS (FREQUENT)		ASTHMA	
HOSPITALIZATION (DATE AND DIAGNOSIS)			
Does your child have any condition or illness that would affect her/him at school?			Yes    No
If Yes, Please specify whether activity needs to be monitored			



**THE THINK SUN PRE-SCHOOL ACADEMY  
KINDERGARTEN PREP REGISTRATION FORM**

**VISA/MASTERCARD MONTHLY AUTHORIZATION FORM**

First Name:		Last Name:	
Childs First Name:		Childs Last Name:	
<b>Level your child is registered for (Please Circle Choice)</b>			
Class	Class Days	Cost	Early/Late Drop Options
SESSIONAL 1 February 27-March 22	TUES/THURS	\$270.00	\$60.00 Late Option
SESSIONAL 2 April 10-May 3	TUES/THURS	\$270.00	\$60.00 Late Option
SESSIONAL 3 May 8-June 3 No school May 22	TUES/THURS	\$270.00	\$60.00 Late Option
Visa Number		Exp. Date	
MasterCard Number		Exp. Date	
I authorize 657201 ALBERTA LTD. DBA THE THINK SUN PRE-SCHOOL ACADEMY TO DEBIT MY CREDIT CARD FOR: (please indicate choice)			
	\$75.00 one-time non-refundable reg. fee		
	MONTHLY TUITION PAYMENTS FOR SCHOOL YEAR		
	Extended hours option. Indicate if using: _____ late ____		
	ONLY THE SESSIONS INDICATED		
SHOULD I WISH TO WITHDRAW MY CHILD, I UNDERSTAND THAT THIS AUTHORIZATION IS NULL AND VOID WHEN ALL THE CONDITIONS FOR WITHDRAWAL ARE FULFILLED AS PER MY SIGNED REGISTRATION FORM.			
Signature:			Date:

NB: 3% charge for all credit cards