



## THE THINK SUN PRE-SCHOOL ACADEMY 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:
----------------	---------------	---------	--------



## THE THINK SUN PRE-SCHOOL ACADEMY REGISTRATION FORM

### CLASS REGISTRATION INFORMATION

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

Plateau I (3 before Dec 31 of school year)	8:45-11:15 AM	TUESDAY/THURSDAY
Plateau II Traditional (4 before Dec 31 of school year)	8:45-11:15 AM 12:45-3:00 PM	MON/WED/FRI
Plateau II Flex (4 before Dec 31 of school year)	8:45-11:15 AM 12:45-3:00 PM	MON - FRI
Plateau IIA 5 Day (4 before Dec 31 of school year)	8:45-11:15 AM 12:45-3:00 PM	MON - FRI
Early Drop Off / Late Pick Up Option	Early Drop 8:00-8:45AM/ Late Pick Up 11:15-12:00PM	

### MONTHLY TUITION FEES

Class	Class Attending			Fee	Early Drop Off	Late Pick Up	Both
Plateau I	AM			\$285.00/MONTH	\$60.00	\$60.00	\$120.00
Plateau II Traditional	AM		PM	\$385.00/MONTH	\$90.00	\$90.00	\$180.00
Plateau II Flex	AM		PM	\$385.00/MONTH	\$90.00	\$90.00	\$180.00
Plateau II A 5 Day	AM		PM	\$670.00/MONTH	\$150.00	\$150.00	\$300.00

\$125.00 one-time non-refundable registration fee all levels

A cheque or credit card auth. for Registration Fee is submitted at time of registration. Cheques or credit card auth. dated for June 1 and September 1 (or first month of attendance) are also submitted at time of registration. Post-dated cheques or credit card auth. for the remaining months to May 1st are due on the first day of school.

THE THINK SUN PRE-SCHOOL ACADEMY REQUIRES 30\* DAYS WITHDRAWAL NOTICE (NOTICE BEING GIVEN ON THE FIRST OF THE MONTH FOR THE MONTH FOLLOWING). THERE IS NO REFUND FOR PARTIAL MONTHS DUE TO VACATION OR ILLNESS. MONTHLY TUITION FEES ARE DUE AT THE FIRST OF THE MONTH by cheque or Visa/MasterCard. Returned cheques (FOR ANY REASON) are subject to an additional fee of \$25.00.

**\*SUMMER WITHDRAWALS**

- AFTER MAY 1 BUT BEFORE SEPTEMBER 1-PENALTY OF ONE MONTH TUITION
- AFTER SEPTEMBER 1 BUT BEFORE OCTOBER 1-PENALTY OF OCTOBER TUITION
- AFTER OCTOBER 1 OR ONE MONTH AFTER ENROLLMENT 30 DAY NOTICE APPLIES.

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: \_\_\_\_\_

----- Office Use Only -----

Reg. fee            Post-dated Cheques  
Post-dated June 1 & Sept 1  
Visa/MasterCard #

Exp. Date



## THE THINK SUN PRE-SCHOOL ACADEMY REGISTRATION FORM

CHILD'S HEALTH RECORD INFORMATION			
First Name:		Last Name:	
Alberta Health Care Number:		Date of Birth: <small>(day-month-year)</small>	
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 REGISTRATION FORM

### VISA/MASTERCARD MONTHLY AUTHORIZATION FORM

First Name:		Last Name:	
Childs First Name:		Childs Last Name:	
Level your child is registered for (Please Circle Choice)			
Class	Class Days	Cost	Early/Late Options
Plateau I	TUESDAY/THURSDAY	\$285.00	\$60.00 Early / Late Option \$120.00 Both
Plateau II Traditional	MON/WED/FRI	\$385.00	\$90.00 Early / Late Option \$180.00 Both
Plateau II Flex	MON-FRI	\$385.00	\$90.00 Early / Late Option \$180.00 Both
Plateau IIA 5 Day	MON-FRI	\$670.00	\$150.00 Early / Late Option \$300.00 Both
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)			
	\$125.00 one-time non-refundable reg. fee		
	MONTHLY TUITION PAYMENTS FOR SCHOOL YEAR		
	Extended hours option. Check which one:    early___    late ___    both ___		
	ONLY THE MONTHS INDICATED *Please issue post-date cheques for missing months		
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