



## 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: |





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### 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 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  | \$275.00          | \$60.00 Early / Late Option<br>\$120.00 Both  |
| Plateau II Traditional   | MON/WED/FRI   | \$295.00          | \$90.00 Early / Late Option<br>\$180.00 Both  |
| Plateau II Flex  | MON-FRI   | \$295.00          | \$90.00 Early / Late Option<br>\$180.00 Both  |
| Plateau IIA 5 Day  | MON-FRI   | \$570.00          | \$150.00 Early / Late Option<br>\$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:<br>(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<br>*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