



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:
PARENT 1 INFORMATION		
First Name:		Last Name:
Current Address:		
City:	Province:	Postal Code:
Phone Home:	Phone Work:	Phone Cell:
Email Address:		
PARENT 2 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?		
Language spoken at home:		
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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CLASS REGISTRATION INFORMATION

Childs Name: _____

Plateau I (3 before Dec 31 of school year)		8:15-11:15 AM	12:45-3:00 PM	TUESDAY/THURSDAY
Plateau II Traditional (4 before Dec 31 of school year)		8:15-11:15 AM	12:45-3:00 PM	MON/WED/FRI
Plateau II Flex (4 before Dec 31 of school year)		8:15-11:15 AM	12:45-3:00 PM	MON - FRI
Plateau IIA 5 Day (4 before Dec 31 of school year)		8:15-11:15 AM	12:45-3:00 PM	MON - FRI
Early Drop Off Option		Early Drop 7:30-8:15AM		

Withdrawal Policy

THE THINK SUN PRESCHOOL 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.

Withdrawal Fees and Penalties

After May 31, but before September 1- ONE MONTH TUITION

After September 1, but before October 1- ONE MONTH TUITION

After October 1 or one month after enrollment - ONE MONTH TUITION AND 30-DAY NOTICE APPLIES

30 day notice being the 1st of the month for month following. There is no refund for vacation absences, illness or partial attendance

I have read the withdrawal policy and my signature attests to my agreement with the withdrawal policy conditions

Parent/Guardian Signature: _____

Date: _____



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CHILD'S HEALTH RECORD INFORMATION

First Name:		Last Name:	
Alberta Health Care Number:		Date of Birth (day-month-year)	
My child's immunizations are up to date	Yes	No	
Signature:		Date:	

ALLERGIES

SPECIFY AND SEVERITY:

MEDICATIONS

MEDICATIONS? PLEASE SPECIFY ANY MEDS TAKEN DAILY/OCCASIONALLY:

Date:		Recheck:	
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CHILDHOOD ILLNESSES / CONDITIONS

Does your child have any condition or illness that would affect her/him at school?	Yes	No
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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:	
Visa Number		Exp. Date	CVV
MasterCard Number		Exp. Date	CVV
Signature:			
Date:			