



780.709.2609
 before-after@shaw.ca
<http://www.petits-soleils.ca>

Bonjour!

We are excited that you have decided to pre-register your child in Les Petits Soleils^{inc.} Before and After School Care. Please refer to the following information in order to complete this pre-registration form. Please note that we will contact you in the Spring to complete our full registration form.

**** Please note that fees are subject to change. ****

Required payment: (please contact us if you are unable to pay using a credit card)

Credit card information:					
Non-refundable pre-registration fee (\$40 per child per year)	<input type="checkbox"/> Please charge \$40.00 to my credit card x ____ children to hold spots for the following years:				
	<input type="checkbox"/> 2021-2022	<input type="checkbox"/> 2022 – 2023	<input type="checkbox"/> 2023 - 2024	<input type="checkbox"/> 2024 - 2025	<input type="checkbox"/> 2025 - 2026
I would like to pay using:	<input type="checkbox"/> MC <input type="checkbox"/> Visa	Credit card #: _____			
Security CVV code (last 3 digits on back of card):	— — —	Expiry date: _____ (MM/YY)			
Name as it appears on card:				<input type="checkbox"/> the address for this credit card is the same as my child's mailing address, as listed on the second page of this form	
<input type="checkbox"/> the address for this credit card is NOT the same as my child's mailing address, it is:	Mailing Address of card holder:	City:	Province:	Postal Code:	
I authorize Les Petits Soleils ^{inc.} Preschool to charge my credit card, as per the fee option I have selected above.					
_____ Signature of Parent/Legal Guardian			_____ Date		

Please complete the following pre-registration form and return it to us via email, or mail to:

Les Petits Soleils^{inc.} Preschool, 2 Craigavon Drive, Sherwood Park AB T8A 2B4

**Registration forms can also be dropped off to us at
 École Campbelltown School, 271 Conifer Street, Sherwood Park AB**



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Before and After School Care

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Les Petits Soleils^{Inc.} Before and After School Care

Pre-registration Form

1. STUDENT INFORMATION					
Child's Full Name:		Child's Date of Birth:		(/MM/DD/YY)	<input type="checkbox"/> Female <input type="checkbox"/> Male
Address:					
City:		Province:		Postal Code:	
2. PARENT INFORMATION					
First Parent/Legal Guardian Name:					
Relationship to Child:	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Other (specify):		
Home Phone:		Work Phone:		Cell Phone:	
Address (if different from child's):					
Email:					
Second Parent/Legal Guardian Name:					
Relationship to Child:	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Other (specify):		
Home Phone:		Work Phone:		Cell Phone:	
Address (if different from child's):					
Email:					
3. PROGRAM PRE-REGISTRATION INFORMATION					
My child requires:	<input type="checkbox"/> Full-time care; mornings and afternoons, Monday - Friday		<input type="checkbox"/> Part-time care on the following days and times**: _____ _____ _____		
<p>** Part-time spots are not guaranteed and, should space be limited, can be relinquished for full-time requests. All efforts are made to pair up part-time registrants to create a full-time equivalent, to then guarantee the two spots. Alternately, part-time spots will only be guaranteed if the full-time rate is paid.</p>					
How did you hear about Les Petits Soleils^{Inc.} Before and After School Care?					