



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<sup>inc.</sup> 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"/> 2016 – 2017	<input type="checkbox"/> 2017 - 2018	<input type="checkbox"/> 2018 - 2019	<input type="checkbox"/> 2019 – 2020	<input type="checkbox"/> 2020 - 2021
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 <sup>inc.</sup> 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.**

Les Petits Soleils<sup>inc.</sup> Preschool, 2808 – 26 Street, Edmonton AB T6T 2A2

**Registration forms can also be dropped in our locked mailbox (during school hours; September-June) located outside classroom 135 at École Campbelltown School, 271 Conifer Street, Sherwood Park AB**



Les Petits Soleils  
*Inc.*  
 Before and After School Care

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**Les Petits Soleils *Inc.* Before and After School Care**

**Pre-registration Form**

<b>1. STUDENT INFORMATION</b>					
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:		
<b>2. PARENT INFORMATION</b>					
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:					
<b>3. PROGRAM PRE-REGISTRATION INFORMATION</b>					
My child requires:	<input type="checkbox"/> <b>Full-time care;</b> mornings and afternoons, Monday - Friday		<input type="checkbox"/> <b>Part-time care on the following days and times**:</b> _____ _____ _____		
** 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.					
How did you hear about Les Petits Soleils <i>Inc.</i> Before and After School Care?					