



780.709.2602
 petits-soleils@shaw.ca
<http://www.petits-soleils.ca>

Bonjour!

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

Available classes:

**** Days, times and class fees are subject to change. ****

Class	Eligibility	Days	Time
Année 1A	fully potty-trained, 3 years old by Sept 1 st	Monday mornings & every second Friday morning	8:50 – 11:20am
Année 2A	fully potty-trained, turns 4 by December 31 st	Monday afternoons & Wednesdays full day <i>*lunch supplied from home</i>	12:15 – 2:45pm 9:00 – 2:45pm
KinderCare <i>*Must be registered in Schedule A</i>	fully potty-trained, turns 5 by December 31 st	Tuesdays, Thursdays & every 2 nd Friday full day <i>*lunch supplied from home</i>	9:00 – 2:45pm

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

Credit card information:					
Non-refundable pre-registration fee:	<input type="checkbox"/> Option 1: Please charge \$35.00 to my credit card, to hold my child's space for one year.		<input type="checkbox"/> Option 2: Please charge \$70.00 to my credit card, to hold my child's space for two years.		
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 note that there is no charge to be added to a waitlist. If the class you prefer is already full (as indicated on page 2), you are welcome to instead register your child in an alternate class to guarantee them a spot, and then if one becomes available in your waitlisted class, we simply move your child into that preferred class. If you choose to only have your child's name added to our waitlist, without this back-up registration to guarantee a spot, please do not submit a \$35.00 pre-registration fee, and we will contact you to submit your pre-registration fee once a spot becomes available.

Please complete the following pre-registration form and return it to us by mail to:
 Les Petits Soleils^{inc.} Preschool, 2 Craigavon Drive, Sherwood Park AB T8A 2B4
**Registration forms can also be dropped off to us on weekdays, during school hours,
 at Ecole Campbelltown School, 271 Conifer Street, Sherwood Park**



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 REGISTRATION INFORMATION			
For September 2021, I would like to pre-register my child in the following class:	<input type="checkbox"/> Année 1A	<input type="checkbox"/> Année 2A	<input type="checkbox"/> KinderCare
For September 2022, I would like to pre-register my child in the following class:	<input type="checkbox"/> Année 1A	<input type="checkbox"/> Année 2A	<input type="checkbox"/> KinderCare
For September 2023, I would like to pre-register my child in the following class:	<input type="checkbox"/> Année 1A	<input type="checkbox"/> Année 2A	<input type="checkbox"/> KinderCare
For September 2024, I would like to pre-register my child in the following class:	<input type="checkbox"/> Année 1A	<input type="checkbox"/> Année 2A	<input type="checkbox"/> KinderCare
How did you hear about Les Petits Soleils Preschool?			
<input type="checkbox"/> Did you see our ad on Facebook? <input type="checkbox"/> If applicable, please tell us the person who referred you.			