

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

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.

## \*\* NEW! Effective September 2016, we will be operating from our new classroom location at Sherwood Heights School, 241 Fir Street, Sherwood Park.

Available classes:		** Days, times and class fees are subject to change. **			
Class	Eligibility	Days	Time		
Année 1A	fully potty-trained, 3 years old	Tuesdays & Thursdays	9:05 – 11:35am		
Année 2A	fully potty-trained, turns 4 by December 31 <sup>st</sup>	Mondays, Wednesdays, Fridays	9:05 – 11:35am		
Année 2B	fully potty-trained, turns 4 by December 31 <sup>st</sup>	Tuesdays & Thursdays	12:15 – 2:45pm		
Année 2C	fully potty-trained, turns 4 by December 31 <sup>st</sup>	Mondays, Wednesdays, Fridays	12:15 – 2:45pm		
Année 2B & 2C	fully potty-trained, turns 4 by December 31 <sup>st</sup>	Mondays - Fridays	12:15 – 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:		Option 1: Please charge \$35.00 to my credit card, to hold my child's space for one year.				□ 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:	□ MC	□ Visa	Credit card #:						
	<u></u>			Expiry d	ate:				
Security CVV code (last 3 digits on back of card): — — — (MM/YY)									
Name as it appears on card:				the address for this credit card is the same as my child's mailing address, as listed on the second page of this form					
the address for this cred NOT the same as my cl mailing address, it is:	Mailing Address of card holder: City		City:		Province:	Postal Code:			
I authorize Les Petits Soleils Preschool to charge my credit card, as per the fee option I have selected above.									
			J	1	.1.				
Signature of Parent/Legal C	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<sub>Inc.</sub> Preschool, 2808 – 26 Street, Edmonton AB T6T 2A2

Registration forms can also be dropped off to us on weekdays during school hours, to classroom #109 at Sherwood Heights School, 241 Fir Street, Sherwood Park



## **Pre-registration Form**

1. STUDENT INFORMATION									
Child's Full Name:	Child's	s Date of Birth:	(/MM/DD/Y	Y) Fem	ale Male				
Address:									
City:	Province:		Postal Code:						
2. PARENT INFORMATION									
First Parent/Legal Guardian Name:									
Relationship to Child: Mother Fat	her Otl	her (specify):							
Home Phone: Work	A Phone:		Cell	Phone:					
Address (if different from child's):									
Email:									
Second Parent/Legal Guardian Name:									
Relationship to Child: Image: Mother Image: Father Image: Other (specify):									
	Phone:		Cell	Phone:					
Address (if different from child's):									
Email:									
3. PROGRAM REGISTRATION INFORMATION									
For September 2016, I would like to register my child for:	Année 1A	Année 2	A Ann	née 2B	Année 2C				
For September 2017, all classes are already full. I would like to place my child on the WAITLIST for:	Année 1A	Année 2A	Année 2B	Année 2C	Année 2B AND 2C				
For September 2018, I would like to pre-register my child in the following class:	Année 1A [	Année 2A	Année 2B	Année 2C	Année 2B AND 2C				
For September 2019, I would like to pre-register my child in the following class:	Année 1A [	Année 2A	Année 2B	Année 2C	Année 2B AND 2C				
For September 2020, I would like to pre-register my child in the following class:	Année 1A	Année 2A	Année 2B	Année 2C	Année 2B AND 2C				
How did you hear about Les Petits Soleils Preschool? Did you see our ad in the Sherwood Park Rec. Guide? If applicable, please tell us the person who referred you.									

Form updated: February 27, 2017