

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 | 9:05 – 11:35am |
| Année 2A | fully potty-trained, turns 4 by December 31 st | Monday afternoons Wednesday full day <i>*lunch supplied from home</i> | 12:30 – 3:00pm 9:05 – 3:00pm |
| Kindercare <i>*only for students registered in Kindergarten Schedule A</i> | fully potty-trained, turns 5 by December 31 st | Tuesday, Thursday & every 2 nd Friday, all full day <i>*lunch supplied from home</i> | 9:05 – 3:00pm |

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.

- 1) We prefer scanned emails, please! (for iPhones: Notes, Photo and there's a scan option!)
- 2) If you prefer mail: Les Petits Soleils, 614 Kulawy Place, Edmonton AB T6L 7E5
- 3) Drop off to us during school hours to classroom #109 at Sherwood Heights School



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 | | | |
| 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 2020, 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 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 |
| <u>How did you hear about Les Petits Soleils Preschool?</u> | | | |
| <p>➡ Did you see our ad in the Sherwood Park Rec. Guide or on Facebook?</p> <p>➡ If applicable, please tell us the person who referred you.</p> | | | |