

SUNSHINE PARK/SUNSHINE FIT KIDS PRESCHOOL & DAYCARE

Preschool, daycare and Kinder off day care for kids 32mths to 6 years old. Day camps for kids 3-8yr. We follow EICS and EIPS for days off through school year. We are open during summer holidays and will run day camps for other breaks during the year for an extra cost. We will be closed 2 weeks during Christmas break. Grant reductions: Programs under 50 hours will receive \$75 off monthly fees, over 50 hours but under 100 hours will receive \$225 off monthly fees and programs over 100 hours will receive \$626 off monthly fees and will be reflected on monthly invoices. All day programs are responsible to bring own snacks and lunch.

- Preschool Program (3 days per week) MWF AM 9am-11:30am (\$221.45)
- Preschool Program TT (2 days per week) AM 9am-11:30am (\$190.55)
- Preschool Program MTWTF (5 days per week AM 9am-11:30am (437.75)
- Daycare/preschool program 50-100 hours MWF ALL DAY 9am-2:45pm (\$550) (extra care \$145 - 7:30am-4:30pm)
- Daycare/preschool program 50-100 hours TT ALL DAY 9am-2:45pm (\$500) (extra care \$135 - 7:30am-4:30pm)
- M-F (5 days) All Day Daycare Preschool 9-2:45pm (\$1050)
- M-F (5 days) All Day Extended Daycare Preschool 7:30-4:30pm (\$1250)

Registration is incomplete until all items are handed in. **Monthly Fees - please pay by exact cash or email transfer to sunshinefitkids@gmail.com. Email transfers need your child's full name and class in the notes.**

- Registration Form - completed and signed
- \$50 Registration Fee & \$125 activity fee - dated for day of registration - \$175
- First month fee due on the 1st of starting month

STUDENT INFORMATION:

First Name: _____ Last Name: _____ M F

Birthday: _____/_____/_____ Name your child goes by: _____
Month Day Year

Address: _____ City: _____

Postal Code: _____ Home Phone: (____)_____

ALLERGIES/MEDICATIONS/HEALTH CONCERNS: (all medications need a permission to administer form filled out)

Does your child participate in immunizations? YES NO Are they up to date? YES NO

PARENT/GUARDIAN INFORMATION:

1. First Name: _____ Last Name: _____

Relation: _____ Email: _____

Address (if different from above): _____

Phone: (CELL) (____)_____ (WORK) (____)_____

2. First Name: _____ Last Name: _____

Relation: _____ Email: _____

Address (if different from above): _____

Phone: (CELL) (____)_____ (WORK) (____)_____

SUNSHINE PARK/SUNSHINE FIT KIDS PRESCHOOL & DAYCARE
EMERGENCY CONTACT INFORMATION: (Not parents or guardians)

First Name: _____ Last Name: _____
Relation: _____ Full Address (no P.O Box) : _____
Phone: (HM) (____) _____ (CELL) (____) _____

Child Notes: Is there anything we should be aware of: ie. Religious backgrounds, languages spoken at home, potty training, behaviour, sleep, speech, shared custody, are both parents involved, deaths in family etc.

Parental/Guardian Consent: Please initial and sign at bottom

I am aware it is the policy of Sunshine Park Preschool Sunshine Fit Kids, to contact and notify the parents/guardians when the child becomes ill, is injured, and requires medical attention. Occasionally, we need to get immediate help for the child and call 911 and have an ambulance transport your child to the nearest emergency service. _____ Initial

I understand that: the registration fee of \$50 is non-refundable, non-transferable; activity fee is refundable before Aug 1st, otherwise non-refundable during school year. I understand monthly fees of are due on the 1st of every month; late fees will be subject to a 5% charge per day that fees are late. There are no refunds/credits given for missed classes due to illness or travel and full monthly fees will be due. Please message us of your child's absence and always a reason for their absence. _____ Initial

Late fee - Your child will be picked up promptly at the end of class or will be subject to a late fine of \$1 per minute. Please send us a message prior to dismissal if you will be late so your child will not dismiss with others and get upset when they do not see you. _____ Initial

I will provide one month's cancellation notice or one month fees to leave program. _____ Initial

I give consent to take pictures of my child during classroom activities to share in classroom books/bulletin boards/year books or may be used on website or other promotional materials. _____ Initial

My child will be dressed in easy to pull up and down clothing, clothing that can be easily washed should stains occur as preschool activities such as art can be messy. Please no dresses, belts, buttons on pants or flip flops/crocs. _____ Initial

I am aware that Sunshine Park Preschool/Sunshine Fit Kids has a Preschool and Daycare license with the Alberta Government and can ask to see/read the program plan, policies and procedures and parent handbook. _____ Initial

I give permission to the Staff of Sunshine Park Preschool/Sunshine Fit Kids to take my child on short group walks outdoors or to go play at the nearby park or green space. I give permission for my child to participate in any special event that occurs at the preschool that may involve touching or handling animals/reptiles. If consent is not given for outdoor play or special events/guests, I agree to keep my child at home and I am aware that no refund will be given for the missed class or event. _____ Initial

I am aware I can discuss any problems, issues or concerns about my child, the program, fees/payments with the director Tracy Bossio at the beginning of class or if more time is needed an appointment can be scheduled. Open communication is key. _____ Initial

Print Name: _____ Signature: _____

Date: _____ / _____ / _____
Month Day Year