

PARENT INFORMATION

Mother's Name:

Occupation:

Work #: _____ **Cell #:** _____ **Home #(if different)** _____

Email Address:

Mailing Address (if different):

Father's Name:

Occupation:

Work #: _____ **Cell #:** _____ **Home #(if different)** _____

Email Address:

Mailing Address (if different):

EMERGENCY CONTACT INFORMATION (other than parents)

Name: _____ **Phone #:** _____ **Relationship:** _____

Name: _____ **Phone #:** _____ **Relationship:** _____

*****Child will not be released to anyone other than the above without consent of parent or guardian*****

CLASS PHONE LIST

A class phone list will be prepared for parents to set up play dates, car-pooling, etc. Please fill out the information that you would like listed.

Child's first and last name: _____

Mother's First Name: _____

Father's First Name: _____

Phone #: _____

Email: _____

****** Parents/Guardians are responsible for notifying iDiscover of any changes to above information throughout the school year. ******

CHILD'S INTERESTS

Please check off which activities your child might be interested in as we will try to incorporate as many as we can during our weekly schedule.

Sports (please list):

Art/Crafts: _____ Dance: _____ Outside Play: _____

Music: (type) _____ Cooking/Baking: _____ Gymnastics: _____

Piano Lessons: _____ Drama: _____ Kids Yoga: _____

Other:

PLEASE INDICATE IF YOU ARE REGISTERING FOR MORNING OR AFTERNOON CLASSES:

Morning:(8:45am – 11:45am) _____ Afternoon: (12:45pm – 3:45pm) _____

REGISTRATION INSTRUCTIONS

We encourage all families to set up an appointment to view the school and meet Miss M before registering at iDiscover Preschool Plus to make sure it is the right fit for you and your child. You can call us at 306 -737- 6534 to set up an appointment.

Please set up a time to drop off your registration package at the Preschool location in person (3913 Hillsdale Street) or mail in your registration package to the following address:

iDiscover Preschool Plus Inc.
164-5075 James Hill Road
Regina, Sk.
S4W 0B9

Registration Deposit: A deposit in the amount of \$160 (one, half- month's tuition) will be collected at the time of registering. This deposit is non-refundable but will be subtracted from your September fee total. This can be submitted in the form of cash or cheque.

Monthly School Fee: Half days - \$320/month (Preschool Tuition (\$305) + Kindermusik @ School Fee (\$15) = \$320/month.

Supply/Snack Fee: A one-time \$75.00 supply/snack fee is due with September's fees. This fee will cover your child's school supplies for the entire school year and will contribute to their daily snack time.

Late Pick Ups: A fee of \$10/hour will be charged for any child staying after their registered program, or those attending outside of their regular schedule. (Billing is by the hour, not by the minute)

CANCELLATION POLICY: iDiscover requires one month written notice (30 days) if child is moving or changing schools. This allows us the necessary time to fill your spot.

- Please note there are no refunds or reductions in tuition for illness, family holidays or vacations.
- There is a fee of \$35.00 for every N.S.F. payment.
- Please attach \$160 deposit in the form of cash or cheque to your registration form. Monthly school fees will then be withdrawn from your account on the first of each month starting September 1st via Pre-Authorized Debit. Pre-Authorized Debit forms should be completed at the time of registration. September's fees will be \$235 (\$320 monthly fee +\$75 craft/snack fee- \$160 deposit.) Remaining monthly withdrawals will be in the amount of \$320.

***** Your child's registration is not complete until all components of registration form, and deposit are received. *****

Once we have received your registration forms, we will call you to confirm your child's spot at iDiscover. If you have any questions about your registration, please contact us at 306-737-6534.

HOW DID YOU HEAR ABOUT US?

Flyer: _____ Internet: _____ Other (please specify): _____

Sign: _____ Referral (Name): _____

SIGNATURE

By signing below I certify that I have read and understand all terms and conditions:

Name

Date

Thank you for registering with iDiscover Preschool Plus!

**RELEASE FORM
IDISCOVER PRESCHOOL PLUS INC. (Required Form)
2018-2019**

Please initial in the box below each disclaimer that you wish to agree/not agree to and sign at the bottom of the page.

Promotion/Information

I, the parent/guardian of the student named below, do hereby grant permission to iDiscover Preschool Plus Inc., to use and reproduce any photograph, audio or video footage or other recording for use on television, informational or promotional material such as school newsletters, advertisements, pamphlets, including publication on the iDiscover Preschool Plus Inc. Website, in any manner the school considers suitable and conforming to established policies. No names or personal information will be attached to the images on the Website.

YES NO

News Media

I, the parent/guardian of the student named below, do hereby grant permission for my child to be photographed/recorded/filmed by news media as part of any school event that may be covered by the news media.

YES NO

Name of Student

Signature of Parent/Guardian

164-5075 James Hill Road
Regina, SK
S4W 0B9
Phone: 306-737-6534

I/we authorize iDiscover Preschool Plus Inc. to debit funds from my/our account for regular or recurring payments and/or one-time payments from time to time, or payment of all charges arising under my/our account. iDiscover Preschool Plus Inc. will notify me/us 5 business days prior to one-time payments being withdrawn from my/our account. (Ex: These one-time payments may include but are not limited to: late fees, craft/supply fees, drop-in fees etc.) Process dates that fall on a weekend or holiday will be processed the next business day.

I/we authorize iDiscover Preschool Plus Inc. to debit regular, recurring funds from my/our account based on the following schedule:

(\$ _____) on the **1st of each month** (or next business day).

These payments are made on behalf of a(n): _____ Individual _____ Business _____

Name

Email

Phone

Address

I/we may revoke my/our authorization at any time, subject to providing notice 5 business days before the next scheduled transaction. I/we can obtain a sample cancellation form or more information on my/our rights to cancel a PAD agreement at my/our financial institution or by visiting the www.cdnpay.ca.

I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. To obtain more information on my/our recourse rights, I/we can contact my/our financial institution.

Signature(s) & Date

Excursion and Transportation Consent
(Required Form)

I hear-by give permission to iDiscover Preschool Plus Inc. for my child,

_____ for the following:
(name of child)

To participate in excursions not involving transportation such as walks in the neighbourhood, walks to playgrounds and parks.

To participate in excursions involving public, or private transportation to locations such as libraries, parks, playgrounds, museums etc.

Comments or Exceptions:

Date: _____ Parent/Guardian Signature _____