

REGISTRATION APPLICATION FORM 2019/2020

DATE: _____

CHILD INFORMATION

First, Middle, and Last Name: _____

Address: _____

City: _____ **Postal Code:** _____ **Phone #:** _____

Date of Birth: _____ **Sex: Male:** ___ **Female:** ___
 Day **Month** **Year**

Child's Personal Health Card Number: _____

Known Allergies - Food/Drug/ Other :

Special Medical, Physical, Emotional Needs:

Special Diets:

Medications required during school hours:

Child Resides With: Mother: ___ Father: ___ Both: ___ Other: _____

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 WHICH CLASS YOU ARE REGISTERING FOR:

Mon-Thurs Morning Class :(8:45am – 11:45am) _____

Mon-Thurs Afternoon Class: (12:45pm – 3:45pm) _____

Discovery Fridays: (9:00am-11:30am) _____

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/email us at 306 -737- 6534/ idiscoverpreschoolplus@gmail.com 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 for Mon-Thurs Program: A deposit in the amount of \$165 (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.

Registration Deposit for Discovery Fridays: A deposit in the amount of \$100 (one, full month's fee) will be collected at the time of registering. This deposit is non-refundable but will be in place of your September fee. This can be submitted in the form of cash or cheque.

Monthly School Fee:

Half days - \$330/month (Preschool Tuition (\$310) + Kindermusik @ School Fee (\$20) = \$330/month.

Discovery Fridays - \$100/month

Supply/Snack Fee for Mon-Thurs Program: A one-time, \$100.00 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 \$165 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 and VOID cheque should be completed at the time of registration. September's fees will be \$265 (\$330 monthly fee +\$100 craft/snack fee- \$165 deposit.) Remaining monthly withdrawals will be in the amount of \$330.

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

Once we have received your registration package, 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!

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

PAD
Agreement
Please include a VOID cheque

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
2019-2020 (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 _____

**RELEASE FORM
IDISCOVER PRESCHOOL PLUS INC. (Required Form)
2019-2020**

Please initial 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, social media, 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