

St. Nicholas Catholic School
Room 123, 109 Georgian Way
Sherwood Park, Alberta, T8A 3K9
P: (780) 467-3633
E. little.orchard.sadochok@gmail.com

Registration Form: All information required for complete registration and licensing requirements

Program and year is the student enrolling for: School year: _____

___ Morning Program (Monday & Wednesday - 8:45 am to 11:15 am)

___ Morning Program (Tuesday & Thursday - 8:45 am to 11:15 am)

* Child must be 4 years old by December 31 of year enrolled

Student Information

| | | |
|--------------------------|-----------------------|--|
| Legal Surname | Date of Birth (m/d/y) | |
| Legal Given Name | Also known as | Gender: Male Female |
| Legal Middle Name | Phone # | **Child must be able to toilet independently** |
| Mailing Address (Street) | City/Province | Postal Code |

Parent/Guardian Information

| | Mother (or Guardian) | Father (or Guardian) |
|-------------------------------------|----------------------|----------------------|
| Last Name | | |
| Legal First Name (also known as) | | |
| Address | | |
| City and Postal Code | | |
| Phone # | | |
| Home | | |
| Work | | |
| Cell | | |
| Email Address | | |

Student lives with (please check):

Both parents ___ Mother only ___ Father only ___ Guardian ___ Other ___

Does a guardianship, custody or access order exist for this student? Yes / No (If yes, please include a copy and forward copies of any changes throughout the year.)

Medical and Emergency Information

Alberta Health Care / Personal Health Care #: _____ - _____ Child's immunizations up to date? Y / N

Is the student allergic to any medications, environment, food, etc.? (If yes, please indicate allergy severity)

Allergic to: _____ Does the child require an Epi – Pen? Y / N

***ALL BLANKS MUST BE COMPLETED FOR LICENSING PURPOSES**

| | Emergency Contact(s) (contacted if parents are unavailable) | Other person(s) authorized to pickup student |
|---|--|---|
| Last Name | | |
| Legal First Name | | |
| Relationship to Student | | |
| Address (for emergency contact only) | | |
| Phone # Home | | |
| Work | | |
| Cell | | |

Permission:

I (parent / guardian name) _____ give the Sadochok Teacher permission to seek emergency medical attention for my child.

Signature of above parent / guardian _____

I understand it will be my responsibility to be familiar with the policy and procedure manual (to be handed out during parent orientation) **Initial** _____

Fees

There is a non-refundable registration fee of \$50.00, payable via cheque to "Little Orchard Sadochok Preschool" or via e-transfer to little.orchard.sadochok@gmail.com. A monthly fee of \$170.00 (*subject to change depending on enrollment numbers*) will be collected in September. Those who wish to pay for the full year in September are welcome to do so, via e-transfer or 10 post dated cheques. If paying by monthly e-transfer, they should be sent on the first day of each month. A one time \$125 Learning Experience fee and a one time \$75 toy cleaning *deposit* will be collected at the start of classes in September. All cheques payable to "The Little Orchard Sadochok Preschool". There will be an extra charge of \$25.00 for NSF cheques. Payments can also be made via e-transfer to little.orchard.sadochok@gmail.com.

Confidentiality

The information collected on this form is required by BUCPS/ Little Orchard Sadochok Preschool to create and sustain the program. This information is also required to provide a safe and secure place where student's rights are protected. Information about students will be made available to the teacher and may be provided to the Sadochok Executive on a need to know basis only. The Freedom of Information and Protection of Privacy Act of Alberta (FOIP) will govern the collection use and dissemination of information. BUCPS and Little Orchard Sadochok Preschool will not sell any information for any purpose. We understand that there may be occasion where you have concerns relating to the use of this information. In this case please contact the Sadochok Teacher or the president of the Bilingual Ukrainian Catholic Parents Society.

Declaration by parent or guardian

I hereby affirm that I have read this full registration form and understand how the information may be used. I affirm that the information I provided herein is complete and correct.

Name (Parent / guardian) _____ Date _____

Signature _____