780.463.1981
before-after@shaw.ca
http://www.petits-soleils.ca

Bonjour!

We are excited that you have decided to pre-register your child in Les Petits Soleils$_{Inc.}$ Before and After School Care. Please refer to the following information in order to complete this pre-registration form. Please note that we will contact you in the Spring to complete our full registration form.

***** Please note that fees are subject to change. *****

Required payment: (please contact us if you are unable to pay using a credit card)

Credit card information:					
Non-refundable pre-registration fee ($40 per child per year)	☐ Please charge $40.00 to my credit card x ____ children to hold spots for the following years:				
	☐ 2011 - 2012	☐ 2012 - 2013	☐ 2013 - 2014	☐ 2014 - 2015	☐ 2015 - 2016
I would like to pay using:	☐ MC ☐ Visa	Credit card #: __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __			
Security CVV code (last 3 digits on back of card):	__ __ __	Expiry date: **(MM/YY)**			
Name as it appears on card:		☐ the address for this credit card is the same as my child's mailing address, as listed on the second page of this form			
☐ the address for this credit card is NOT the same as my child's mailing address, it is:	Mailing Address of card holder:	City:	Province:	Postal Code:	
I authorize Les Petits Soleils$_{Inc.}$ Preschool to charge my credit card, as per the fee option I have selected above.					
_____ Signature of Parent/Legal Guardian		_____ Date			

Please complete the following pre-registration form and return it to us.

Les Petits Soleils$_{Inc.}$ Preschool, 4268 – 23 Street, Edmonton AB T6T 1M1

Registration forms can also be dropped in our locked mailbox (during school hours; September-June) located outside classroom 135 at École Campbelltown School, 271 Conifer Street, Sherwood Park AB

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Les Petits Soleils$_{Inc.}$ Before and After School Care

Pre-registration Form

1. STUDENT INFORMATION					
Child's Full Name:		**Child's Date of Birth:**	**(/MM/DD/YY)**	☐ **Female**	☐ **Male**
Address:					
City:		**Province:**		**Postal Code:**	
2. PARENT INFORMATION					
First Parent/Legal Guardian Name:					
Relationship to Child:	☐ **Mother**	☐ **Father**	☐ **Other (specify):**		
Home Phone:		**Work Phone:**		**Cell Phone:**	
Address (if different from child's):					
Email:					
Second Parent/Legal Guardian Name:					
Relationship to Child:	☐ **Mother**	☐ **Father**	☐ **Other (specify):**		
Home Phone:		**Work Phone:**		**Cell Phone:**	
Address (if different from child's):					
Email:					
3. PROGRAM PRE-REGISTRATION INFORMATION					
My child requires:	☐ **Full-time care;** mornings and afternoons, Monday - Friday		☐ **Part-time care on the following days and times**:** _____ _____ _____		

** Part-time spots are not guaranteed and, should space be limited, can be relinquished for full-time requests. All efforts are made to pair up part-time registrants to create a full-time equivalent, to then guarantee the two spots. Alternately, part-time spots will only be guaranteed if the full-time rate is paid.

How did you hear about Les Petits Soleils$_{Inc.}$ Before and After School Care?	

Form updated: September 8, 2010