



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<sup>inc.</sup> 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)	<input type="checkbox"/> Please charge \$40.00 to my credit card x ____ children to hold spots for the following years:				
	<input type="checkbox"/> 2011 - 2012	<input type="checkbox"/> 2012 - 2013	<input type="checkbox"/> 2013 - 2014	<input type="checkbox"/> 2014 - 2015	<input type="checkbox"/> 2015 - 2016
I would like to pay using:	<input type="checkbox"/> MC <input type="checkbox"/> Visa	Credit card #: _____			
Security CVV code (last 3 digits on back of card):	— — —	Expiry date: _____ (MM/YY)			
Name as it appears on card:				<input type="checkbox"/> the address for this credit card is the same as my child's mailing address, as listed on the second page of this form	
<input type="checkbox"/> 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 <sup>inc.</sup> 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<sup>inc.</sup> 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**



**Les Petits Soleils**  
*Inc.*  
 Before and After School Care

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**Les Petits Soleils<sup>Inc.</sup> Before and After School Care**

**Pre-registration Form**

<b>1. STUDENT INFORMATION</b>					
<b>Child's Full Name:</b>		<b>Child's Date of Birth:</b>	(/MM/DD/YY)	<input type="checkbox"/> <b>Female</b>	<input type="checkbox"/> <b>Male</b>
<b>Address:</b>					
<b>City:</b>		<b>Province:</b>		<b>Postal Code:</b>	
<b>2. PARENT INFORMATION</b>					
<b>First Parent/Legal Guardian Name:</b>					
<b>Relationship to Child:</b>	<input type="checkbox"/> <b>Mother</b>	<input type="checkbox"/> <b>Father</b>	<input type="checkbox"/> <b>Other (specify):</b>		
<b>Home Phone:</b>		<b>Work Phone:</b>		<b>Cell Phone:</b>	
<b>Address (if different from child's):</b>					
<b>Email:</b>					
<b>Second Parent/Legal Guardian Name:</b>					
<b>Relationship to Child:</b>	<input type="checkbox"/> <b>Mother</b>	<input type="checkbox"/> <b>Father</b>	<input type="checkbox"/> <b>Other (specify):</b>		
<b>Home Phone:</b>		<b>Work Phone:</b>		<b>Cell Phone:</b>	
<b>Address (if different from child's):</b>					
<b>Email:</b>					
<b>3. PROGRAM PRE-REGISTRATION INFORMATION</b>					
<b>My child requires:</b>	<input type="checkbox"/> <b>Full-time care;</b> mornings and afternoons, Monday - Friday		<input type="checkbox"/> <b>Part-time care on the following days and times**:</b>  _____ _____ _____		
<p>** 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.</p>					
<b>How did you hear about Les Petits Soleils<sup>Inc.</sup> Before and After School Care?</b>					