



C.P. 156, 377 rue Sabourin
Saint-Pierre-Jolys, MB R0A 1V0
Téléphone: (204) 433-7976
cenpg@mts.net

Registration form - Nursery School

Child's name : _____

Date of birth: _____ (yyyy/mm/dd)

Main address: _____ Postal code: _____

Parent/Guardian Information:

Name of parent: _____ Home #: _____

Address: _____ Postal code: _____

Employer: _____

Work #: _____ Cell #: _____

Email address: _____

Language spoken at home: _____

Name of parent: _____ Home #: _____

Address: _____ Postal code: _____

Employer: _____

Work #: _____ Cell #: _____

Email address: _____

Language spoken at home: _____

Medical information:

Family Doctor: _____ Telephone #: _____

Address: _____

MB Health Family Registration Number (6 digits): _____

MB Personal Health Identification Number (9 digits): _____

Emergency Contacts (other than parent or guardian):

Name of Emergency Contact: _____

Telephone #: _____ Cell # _____

Additional information:

Child's language spoken at home: _____

Illnesses/Allergies: _____

Other needs:

Names and ages of siblings:

Is there something else you would like to share with us regarding your child?

****Important****

- Please remit all registration forms as well as the registration fee of 25\$ and post-dated cheques for each billing period according to the payment schedule chosen below. (Payable to LPG)
- The cost is 9.90\$ per session.
- Sessions are 3 times a week (**Monday, Tuesday and Friday**) as indicated on the calendar provided and will be from 9 to 11:30 am. (Part-time and casual spots are not available.) There are no sessions during holidays or school in-services.
- There is a 10\$ late fee for every 15 minutes past 11:35 am. This fee is to be remitted immediately directly to the educator.
- A 2 week notice is to be given to the centre when ceasing the program before the end date.
- Sessions will not be reimbursed unless ceasing the program before the end date, this with a 2 week notice. (If the centre needs to cancel a session due to bad weather, ect...a decision will be made whether to reimburse the session or to add another session at a later date.)
- Income tax receipts will be issued by the end of February of the following year.
- There is a one-time fee of 10\$ for being part of Les petites grenouilles Inc Cooperative.
- A fee of 25\$ will be charged for all NSF cheques.
- Children must be 3 (by the end of Dec of the current year) or 4 years old and potty trained.
- A child should not attend class if he/she is sick. Also, if he/she becomes sick while in session, the parent/guardian will be contacted to come for pick-up immediately.
- Should a child need to be transported by ambulance, all charges associated will be the parent/guardian's responsibility.
- In the event of parental separation, the parent/guardian will inform the Director/educator of the custody/access arrangements or court orders pertaining to the children in care. If there is no custody agreement or court order, the parents should provide a statement signed by both parents specifying the custody arrangement.

****All information shared will remain confidential at all times.****

**Please provide a back pack, change of clothes, indoor shoes and outdoor shoes, as well as a nutritious snack for each session.

I have read and understand the policies in regards to Les petites grenouilles nursery program. I accept to abide by all rules.

Parent/guardian signature

Date

Consent form

I authorize my child, _____:
(Nom de l'enfant)

- | | | |
|--|------------|-----------|
| - to take walks in the community with his/her group, | Yes | No |
| - to participate in local events, | Yes | No |
| - to be photographed or filmed
(photos can be used in the center, on the website (no names will be posted), or in every child's souvenir album to bring home) | Yes | No |

Parent/guardian signature

Date

(2016-2017 School year)



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 Télécopieur: (204) 433-3118

Fees and payment schedules

(Please check payment schedule chosen.)

1) Choice: _____

Name: _____

Period (month)	# of sessions @ 9.90\$	Total	Date due
October	10	\$99,00	October 1st
November	12	\$118,80	November 1st
December	9	\$89,10	December 1st
January	11	\$108,90	January 1st
February	10	\$99,00	February 1st
March	9	\$89,10	March 1st
April	10	\$99,00	April 1st
May	13	\$128,70	May 1st
June	10	\$99,00	June 1st
9 months	94 sessions	\$930,60	

2) Choice: _____

1st payment – 310,20\$ (due October 1st, 2016)

2nd payment - 310,20\$ (due January 1st, 2017)

3rd payment - 310,20\$ (due April 1st, 2017)

3) Choice: _____

1 payment - 930.60\$ (due October 1st, 2016)