



TODDLER/PRESCHOOL REGISTRATION FORM

This application involves the Preschool program and Before and After Program ONLY. Please review the programs below and choose what will work best for your family. Preschool program begins on September 2nd, 2024. Below are the hours of operations for the programs. We recommend that you visit the below schools and register your child for their corresponding preschool program before completing this form. We work on alternate school hours and our goal is to accommodate your child(ren).

To Enroll your child, Please fill this form and Sign. Then you will need to email it back to us at sashlabelle@outlook.com.

Once we receive this application, you will be sent an email e-transfer request from Sash Labelle Early Learning Center.

You will have one Week to complete the payment of **ONLY \$75** non-refundable administrative fee to hold a spot, otherwise the spot will be given to someone else.

The First Month, September 1st fee will be due when you visit the center in person (to be scheduled).

TODDLER CLASS SELECTION

For children under the age of 4 years, (2.5 Years Old to 4 Years Old), We will consider them for the toddler position. Full time fees per month is necessary. Please consider reading our handbook for more information.

Enroll your child for the Full Month -Ages 2.5 Years to 4 Years Old ONLY

- First and Last Month Fee Due by September 1st, 2024
- \$75 Non-refundable administrative fees are due with this enrollment.
- You may make the full Year Payment (\$650*12 = \$7,800) in one or two payments

Fee Structure	Child's Name	Child's Age	Cost
First Month			\$650
Last Month			\$650
First Month			
Last Month			
First Month			
Last Month			
Non-Refundable Fee			\$75
Total Fee payable by September 1 st			\$1 375.00



PRE-SCHOOL CLASS SELECTION – AGES 4+ YEARS

Please Indicate your first (1) second (2) and third (3) choice of class days and times:

- Our goal is to accommodate everyone's first option, if first option is not available, we will contact you to confirm your second option time.

1 Day a week = \$125 a month
 2 Days a week = \$225 a month
 3 Days a Week = \$275 a Month
 4 Days a week = \$350 a month
 5 Days a Week = \$375 a Month
 Drop-in Fee = \$45/Day

- All fees are due on the first of the month.
- You may also make the full year payment in one or two payments.
- Feel free to drop off 10-15 mins before start time for convenience, especially for students with school age siblings.

2-Days _____ Monday & Wednesday 8:00 – 11:45 A.M.	2-Days _____ Monday & Wednesday 12:45 P.M. – 3:30 P.M.
2-Days _____ Tuesday & Thursday 8:00 – 11:45 A.M.	2-Days _____ Tuesday & Thursday 12:45 P.M. – 3:30 P.M.
4-Days _____ Monday – Thursday 8:00 – 11:45 A.M.	4-Days _____ Monday - Thursday 12:45 P.M. – 3:30 P.M.
3-Day _____ Mon, Wed, Friday 8:00 – 11:45 A.M.	3-Days _____ Monday, Wednesday, Friday 12:45 P.M. – 3:30 P.M.
1-Day 8:00 – 11:45 A.M.	1-Day 12:45 P.M. – 3:30 P.M.



Please select your Child's Preschool Classes below

If you have more than 2 Children, please add them and put the total cost based on the days selected for each child

Child's Name	Your child's age (Years)	Preschool Classes	Care Hours	Cost	Total
		1 Day a Week	A.M./P.M	\$125/ Month	\$125
		2 Days a Week	A.M./P.M.	\$225/ Month	\$225
		3 Days a Week	A.M./P.M.	\$275/ Month	\$275
		4 Days a Week	A.M./P.M.	\$350/ Month	\$350
		5 Days a Week	A.M./P.M.	\$375/Month	\$375
		1 Day a Week	A.M./P.M	\$125/ Month	\$125
		2 Days a Week	A.M./P.M.	\$225/ Month	\$225
		3 Days a Week	A.M./P.M.	\$275/ Month	\$275
		4 Days a Week	A.M./P.M.	\$350/ Month	\$350
		5 Days a Week	A.M./P.M.	\$375/Month	\$375
Total Preschool Fees/ Month					



BEFORE AND AFTER PROGRAM HOURS

	Before and After Child – Care Hours	B & A Fees
Morning and After School program	06:30 a.m. to 8:00 a.m. 03:30 a.m. to 6:00 p.m.	325
Morning Program	06:30 a.m. to 8:00 a.m.	\$225
After-School Program	03:30 p.m. to 6:00 p.m.	\$225
Daily Drop-in Fee	08:00 a.m. to 5:00 p.m.	\$45

Drop-in Fees are considered from Monday to Saturday only

Please select your child's Before and After Hours below (If applicable) ...**** *These fees are subject to change should our Center allocate a childcare center Van (from September) to drop-off your child to or pick them up from school.*

Child's Name	Child's Age (Years)	Before and After-Hours Timeline	Cost	Total
		A.M./P.M	\$225	
		Both A.M. & P.M	\$325	
		A.M./P.M	\$225	
		Both A.M. & P.M	\$325	
		A.M./P.M	\$225	
		Both A.M. & P.M	\$325	
Total Cost for Before and After Program				

For Official Use ONLY

Record Of YOUR total Fees/ Month:

Program Hours	Cost	Total Cost (Pre-school + B& A program)
Pre-school		
Before and After		
Total Amount		



ENROLLMENT FORM

This personal information is being collected under the authority of the Child Day Care Act and the Child Day Care Standards Regulations and is used to monitor the safety of children in the facility. It is protected by the privacy provisions of the Access to Information and Protection of Privacy Act. If you have any questions about the collection, contact the Director of Child Day Care Services, Department of Education, Culture and Employment.

Health Care Card No.

APPLICANT INFORMATION – CHILD INFORMATION

Full Name: _____ Date of Birth: _____
 LAST FIRST

Home Address: _____
 STREET ADDRESS APARTMENT/UNIT #

_____ CITY PROVINCE ZIP CODE

PARENT 1 / GUARDIAN INFORMATION

Full Name: _____ Relationship to child: _____
 LAST FIRST

Home Address: _____
 STREET ADDRESS APARTMENT/UNIT #

Work Address: _____
 POSTAL CODE

Phone: _____
 EMAIL

PARENT 2/ GUARDIAN INFORMATION

Full Name: _____ Relationship to child: _____
 LAST FIRST

Home Address: _____
 STREET ADDRESS APARTMENT/UNIT #

Work Address: _____
 POSTAL CODE

Phone: _____
 EMAIL



EMERGENCY CONTACT (IF PARENT OR GUARDIAN CANNOT BE REACHED)

Please list Minimum of Two.

Full Name: _____ RELATIONSHIP: _____
Home Address: _____ PHONE: _____
Work Address or contacts (if applicable) _____

Full Name: _____ RELATIONSHIP: _____
Home Address: _____ PHONE: _____
Work Address or contacts (if applicable) _____

Full Name: _____ RELATIONSHIP: _____
Home Address: _____ PHONE: _____
Work Address or contacts (if applicable) _____

AUTHORIZED INDIVIDUALS TO WHOM THE CHILD MAY BE RELEASED.

Name: _____
Name: _____
Others: _____

INDIVIDUALS RESTRICTED.PROHIBITED FROM ACCESS TO THE CHILD

If applicable: The name of any parent or other person who, by court order or agreement, is restricted in or prohibited from exercising access to the child or from picking up the child. Please attach a copy of the applicable court order agreement.

Name: _____
Name: _____



HEALTH CARE INFORMATION

Name of Health Care Provider/ Family Physician: _____

Please attach the following:

1. Copy of the Child's Immunization Record (Required)

2. Does your child have any record of medical, physical, developmental, or emotional condition relevant to his or her care? YES (Please attach a copy) NO

CONSENT FORM FOR EMERGENCY CARE AND TRANSPORTATION

If, at any time, due to such circumstances as an injury or sudden illness, medical treatment is necessary, I give permission to Sash Labelle childcare staff to take whatever emergency measures they deem necessary for the protection of (Child's name: _____) while in their care.

OR OF (SECOND CHILD IF APPLICABLE)

I understand that this may involve contacting a doctor, interpreting, and carrying out his or her instructions, and transporting my child to a hospital or doctor's office, including the possible use of an ambulance. I understand that this may be done prior to contacting me, and that any expense incurred for such treatment, including ambulance fees, is my responsibility.

Signature: _____ DATE: _____

