



THE THINK SUN PRE-SCHOOL ACADEMY REGISTRATION FORM

CHILD'S INFORMATION		
First Name:	Last Name:	Nickname:
Date of Birth:		Phone:
Current Address:		
City:	Province:	Postal Code:
MOTHER'S INFORMATION		
First Name:		Last Name:
Current Address:		
City:	Province:	Postal Code:
Phone Home:	Phone Work:	Phone Cell:
Email Address:		
FATHER'S INFORMATION		
First Name:		Last Name:
Current address:		
City:	Province:	Postal Code:
Phone Home:	Phone Work:	Phone Cell:
Email Address:		
ALTERNATE EMERGENCY CONTACT		
First Name:		Last Name:
Address:		
City:		Postal Code:
Phone Home:	Phone Work:	Phone Cell:
ABOUT THE CHILD		
Any Fears?		
Previous experience in preschool? Good? /Bad?		
Any siblings? Names and ages:		
What does pre-school education mean to you?		
HOW DID YOU HEAR ABOUT US?		
News Paper Ad:	Yellow Pages:	Friend: Other:



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CHILD'S HEALTH RECORD INFORMATION

First Name:	Last Name:	
Alberta Health Care Number:	Date of Birth: (day-month-year)	
Family Doctor's Name:	Doctors Phone Number	
My child's immunizations are up to date	Signature:	Date:

ALLERGIES

SPECIFY AND SEVERITY:

MEDICATIONS

MEDICATIONS? PLEASE SPECIFY ANY MEDS TAKEN DAILY/OCCASIONALLY:

Date:		Recheck:	
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CHILDHOOD ILLNESSES (PLEASE INSERT DATE)

CHICKEN POX		HEAD INJURY	
CONVULSIONS		FRACTURE	
WHOOPING COUGH		BRONCHITIS	
MEASLES		OTHER	
EAR INFECTIONS (FREQUENT)		ASTHMA	

HOSPITALIZATION (DATE AND DIAGNOSIS)

Does your child have any condition or illness that would affect her/him at school?	Yes	No
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If Yes, Please specify whether activity needs to be monitored



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VISA/MASTERCARD MONTHLY AUTHORIZATION FORM

First Name:		Last Name:	
Childs First Name:		Childs Last Name:	
Level your child is registered for (Please Circle Choice)			
Class	Class Days	Cost	Early/Late Options
Plateau I	TUESDAY/THURSDAY	\$275.00	\$40.00 Early / Late Option \$80.00 Both
Plateau II Traditional	MON/WED/FRI	\$295.00	\$60.00 Early / Late Option \$120.00 Both
Plateau II Flex	MON-FRI	\$295.00	\$60.00 Early / Late Option \$120.00 Both
Plateau IIA 5 Day	MON-FRI	\$570.00	\$100.00 Early / Late Option \$200.00 Both
Visa Number		Exp. Date	
MasterCard Number		Exp. Date	
I authorize 657201 ALBERTA LTD. DBA THE THINK SUN PRE-SCHOOL ACADEMY TO DEBIT MY CREDIT CARD FOR: (please indicate choice)			
	\$125.00 one-time non-refundable reg. fee		
	MONTHLY TUITION PAYMENTS FOR SCHOOL YEAR		
	Extended hours option. Check which one: early___ late ___ both ___		
	ONLY THE MONTHS INDICATED *Please issue post-date cheques for missing months		
SHOULD I WISH TO WITHDRAW MY CHILD, I UNDERSTAND THAT THIS AUTHORIZATION IS NULL AND VOID WHEN ALL THE CONDITIONS FOR WITHDRAWAL ARE FULFILLED AS PER MY SIGNED REGISTRATION FORM.			
Signature:			Date:

NB: 3% charge for all credit cards