

Registration Form 2015/2016 School Year

Ecole Marie Poburan Elementary School 100 Sir Winston Churchill Avenue, St. Albert T8N 5Y2 780-554-5340

Neil M. Ross Elementary School 60 Woodlands Road, St. Albert T8N 3X3 780-919-4845

Vital Grandin Elementary School 39 Sunset Boulevard, St. Albert T8N 780-919-4121

Registration Phone 780-903-4477



www.treehouseplayschool.com



stalberttreehouse@gmail.com

| Child's Name | Date of Birth | | | | | |
|---|----------------------|---------------|---------------|--|--|--|
| Alberta Health Care Number | Gender: | Girl | Воу | | | |
| Is your family Tree House alumni? Yes No | Last child who at | tended: | ed: | | | |
| In future school years will your child attend: Marie Pob | uran Neil M. Ross | Vital Grandin | Another Schoo | | | |
| Parent/Guardian Name: | Parent/Guardian Name | 2: | | | | |
| Address: | Address: | | | | | |
| Postal Code: | Postal Code: | | | | | |
| Phone (home): | Phone (home): | | | | | |
| Phone (cell): | Phone (cell): | | | | | |
| Email: | Email: | | | | | |
| Name Phone Address | Relationship to o | | | | | |
| Alternate Caregiver(s) (a friend or family member, dayhom | | | | | | |
| your child from school: | | | | | | |
| Name Phone | | Cell | | | | |
| Address | Relationship to c | hild | | | | |
| Name Phone | <u> </u> | Cell | | | | |
| Address | | hild | | | | |
| Custody/Access (Please outline any pertinent circumstance | | oncerns): | | | | |
| Is there someone who is NOT allowed to contact/to pick up | | | N/A | | | |

If yes, please attach copies of court documents clearly identifying individuals and conditions.

| Family Physician | | | Phone | |
|---|--|---|--|--|
| Are your child's immunizations up to date? | | Yes | No | Not Immunized |
| Please describe any visual, hearing, speech or | | | • | |
| Allergies and Reactions: Please describe the a | allergy, list know | n sympto | ms and presentation: | |
| Epipen required/to be provided: | Yes | No | N/A | |
| Please list any ongoing medications and relate | | | | |
| Please list any communicable diseases your ch Any additional health concerns, needs or ques | nild may have ha | d: | | |
| I/We, as parent(s) or guardians(s) ofPlayschool, give permission to the staff of the | | | | o will attend the Tree House |
| Take my child on scheduled field trips, the school premises, during scheduled Seek appropriate medical treatment in contact person; Yes No Release my child's name, my/our name Release my child's registration and em Catholic School Division and/or design procedure & protocol; Yes Allow my child to be photographed or imagery may be used on Tree House we ** Please be aware that we allow parents and otherwise requested by you. Tree House Plays on social media or elsewhere. | d class times; In the case of employers Interested, email and employers Interested school adm Interested schoo | Yes ergency of phone # ation (continuistration) ed in a cla images of | No or whenun able to confor a class directory; ntained on this form) to on ONLY for the purpor essroom or fieldtrip se exist Yes No their children and the class | Yes No to the Greater St. Albert ses of emergency tting (non-identifying |
| I understand that a \$75 registration fee and a fee is non-refundable. The program fee is ref 15, 2015. Please make cheques payable to the | fundable in the e | vent tha | | • |
| Parent/Guradian Name | | Sign | ature | |
| Date: | | | | |
| ADMIN USE: Registration Date | | | Registration/Program | n Fee |

2015/2016 TREE HOUSE PLAYSCHOOL Class Schedule

Note: Class doors open 15 minutes prior to listed class start time for ease of drop off and transition.

Important Dates: The 2015/2016 School Year will run for **10 months**, September through June. Student Open House/Meet the Teacher dates will be on September 9th and 10th and first class dates stagger start September 14th through17th. The last date of classes will be June 17th, 2016. Please indicate your class preference by number:

| # | | # | Comment |
|---|--|---|---------|
| | Ecole Marie Poburan 9:15-11:15 a.m. | | |
| Tues/Thursday AM | Ecole Marie Poburan 9:30-11:30 a.m. | | |
| 3 Year Old Class (\$130/month) | Neil M. Ross 9:15-11:15 a.m. | | |
| | Vital Grandin 9:30-11:30 a.m. | | |
| | No location preference | | |
| | Ecole Marie Poburan 9:15-11:15 a.m. | | |
| Mon/Wed/Friday AM 4 Year Old Class (\$165/month) | Ecole Marie Poburan 9:30-11:30 a.m. | | |
| | Neil M. Ross 9:15-11:15 a.m. | | |
| | Vital Grandin 9:30-11:30 a.m. | | |
| | No location preference | | |
| Tues/Thursday PM 3 & 4 Year Old Class (\$130/month) | Ecole Marie Poburan 12:45-2:45 p.m. | | |
| | Neil M. Ross 12:35-2:35 p.m. | | |
| Mon/Wed/Friday PM 3 & 4 Year Old Class | Ecole Marie Poburan 12:45-2:45 p.m. | | |
| (\$165/month) | Neil M Ross 12:35-2:35 pm. | | |

Children must be three years of age and toilet trained to attend by staggered class start date, September 14th, 15th, 16th or 17th, 2015. If your child is not three by the start date, but you wish to register and pay monthly fees to hold their spot (where the class has filled), your child may attend as of their third birthday. Please inquire for full details. For the four year old classes, your child must be four years of age by December 31, 2015 and/or be attending kindergarten the following school year.

You will receive confirmation of your child's registered class by January 20th by phone or email. Registration is on a first come, first served basis with Tree House alumni given class preference until January 19th. Should a space not be available in your first choice class, we will confirm registration in your next available class preference with you PRIOR to depositing your \$150 registration and program fee.

Once registered, you will receive an email the first week of August regarding the Parent Orientation, Student Open House/Meet the Teacher, and your child's assigned staggered start date. All registration questions are welcomed at 780-903-4477 (Jenny Drake).

Thank you!