

BLESS Preschool

2012 - 2013

Registration Check List



The following items need to be provided at the time of registration:

- Completed Registration Form – two sides
- \$50 non-refundable registration fee (payable to Bethel Lutheran Church)
- \$50 Activity fee cheque - post-dated Sept. 1/12 - payable to Bethel Lutheran Church
- Electronic Funds Transfer form and voided cheque
- Permission & Waiver Form
- Health Record form
- Copy of child's Alberta Health Care card (new students only)
- Copy of child's birth certificate (new students only)

Current & Alumni Family Registration: January 9 – 13

New Family Registration begins Tuesday, January 17 at 9:30 am.

All required forms and fees must be submitted to finalize your child's registration.

Selection of classes is based on the order in which registrations are received.

Once a class is full, a wait list will be started.

Confirmation letters will be sent out by the end of January



Bethel Lutheran Educational Services (BLESS)
Preschool Program
2012 - 2013

Preferred Class: Four-year olds: MWF morning: _____ MWF afternoon: _____
 (indicate first and second choice)
 Three-year olds: TR morning: _____ TR afternoon: _____

Student Information	
Legal Name: <div style="display: flex; justify-content: space-between; font-size: small;"> First Middle Last </div>	Preferred Name:
Address:	
City:	Postal Code:
Phone:	Email:
Date of Birth (MM/DD/YY):	Age (as of Sept. 1/12):
Male <input type="checkbox"/> Female <input type="checkbox"/>	Alberta Health Care Number:
Parent Information	
Mother's Name:	Cell:
Address: (if different from child's)	
Work Address:	Work Ph:
Father's Name:	Cell:
Address: (if different from child's)	
Work Address:	Work Ph:
Family Information	
Siblings: Name & age (Please put a * by your child's name if a former student at BLESS)	
Church Affiliation: Bethel: _____ Other (specify): _____ None: _____	

Medical Information

Allergies (Food, Medication, Environmental):

Medical Concerns and/or Conditions:

Medication administered at home:

Are your child's immunizations up to date: Yes No

Family Physician:

Phone:

Address:

Emergency Information

In the event that either parent is unable to be reached, the following individuals will be contacted regarding the care of your child. The preschool will release your child into their care, if needed.

Emergency Contact #1:

Home:

Relation to child:

Cell:

Address:

Work:

Emergency Contact #2:

Home:

Relation to child:

Cell:

Address:

Work:

Parent/Guardian Signature

Date

For Office Use Only:

Date Received: _____

Acceptance letter sent: _____

Completed Registration Form:

Registration Fee:

EFT Form:

Birth Certificate

Alberta Health Care card

Health Record Form:

Permission/Waiver Form:

Activity Fee:

BETHEL LUTHERAN CHURCH
Bethel Lutheran Educational Services (BLESS)
PRE-AUTHORIZED ELECTRONIC FUNDS TRANSFER

Name(s) of Parent(s):

Name of Child

Address:

.....

.....

Telephone No.:

E-mail Address:

Designation for each Transfer:

3 day program (\$145)

2 day program (\$125)

Donation (tax receiptable)

Total of each Transfer

I (we) hereby authorize Bethel Lutheran Church the debiting of my (our) account by method of Electronic Funds Transfer as follows:

In the amount of \$ _____ on the 1st day of each month

Beginning Sept. 1, 2012 and continuing until May 1, 2013.

Bank Route # _____ Bank transfer # _____ Account # _____

Name of Bank:

Bank Address:

.....

Note: If your debit is to a chequing account, please attach a VOID cheque. Please do not write on the magnetic encoding found on the bottom of the cheque.

I further acknowledge by my signature, duly dated, that I (we) shall be responsible for any costs incurred by Bethel Lutheran Church that may arise from my failure to immediately advise Bethel Lutheran Church of any change, for any reason, to my (our) bank account number or address from the bank, from the foregoing information.

.....
Signature

.....
Date

.....
Signature

.....
Date

Bethel Lutheran Educational Services (BLESS)
2012 - 2013 Preschool Program

Permission and Waiver Form

Name of Child: _____

Name of Parent(s)/Guardian(s): _____

I recognize that even though the staff of Bethel Lutheran Church and Preschool have first aid training, he/she has no medical training and is neither a doctor or a nurse. In the event of a medical emergency, while my child is in the care of BLESS staff and I cannot be contacted, you have my permission to seek medical treatment for my child from his/her family physician, or any doctor. If an ambulance or other emergency service is required, it is at the parent's expense.

I understand that in placing my child in BLESS Preschool there are certain risks. Although reasonable supervision is provided, I understand that it is not possible to prevent the possibility of accidental incidents. I will not hold the BLESS staff responsible should an incident occur.

I will provide the staff members with a current list of known drugs, foods, and other substances that my child is allergic to. I grant BLESS staff members permission to administer medical treatment in the case of an allergy emergency (ie: an Epi-pen). I will provide the required medication in the original container, including detailed instructions on how the drug is to be administered to my child.

I grant permission to the staff of BLESS to take my child on short walks around the community of Bethel Lutheran Church, as well as to and from the playground located across the street from the church property.

I agree to the collection and use of personal information about my child, such as: name, address, and phone number on class lists, taking pictures for printed material, memory books and powerpoint (no names will be attached), and displaying student work.

I agree to promptly provide you with any change of address, phone number, employment number, or emergency contact numbers.

Parent/Guardian Signature

Date

