



2025-26 School Year EARLY DISCOVERIES

Ph. (403)239-3444 Email: registration@earlydiscoveries.ca

☐ Beddington	☐ 3 yr	☐ Mon	☐ AM
☐ Hawkwood	☐ 4 yr	☐ Tue	☐ PM
☐ Kincora	☐ Kinder	☐ Wed	
☐ Thorncliffe	☐ Science	☐ Thur	☐ Full
	☐ MAD	☐ Fri	☐ Day

****(full days NOT available at Kincora)****

Family Information			
Child's Name _____ first middle last		Name used _____ Male _____ Female _____	
Date of Birth (dd/mm/yyyy) _____			
Address _____		Postal Code _____	
Language Spoken _____		Email _____	
Mother's Name _____		Occupation _____	
Employer _____		Bus ph _____ Cell ph _____	
Address if different from child's _____			
Father's Name _____		Occupation _____	
Employer _____		Bus ph _____ Cell ph _____	
Address if different from child's _____			
Household members: sibling's name _____		Age _____	
sibling's name _____		Age _____	
Other members _____			
Has your child been in preschool before? Y/N If yes, where? _____			

Emergency Contact Person (can't be mother or father)		
Name _____	Phone _____	Cell Phone _____
Address _____		Postal Code _____
Persons authorized to pick up your child _____		

Health Information	
Allergies/Sensitivities _____	Chronic Conditions _____
Food not eaten due to religious beliefs/customs: _____	
Does your child require any medication? If so, please indicate medication. _____	
Medication should be kept at school. If you choose to bring it back and forth, your child will not be able to attend class unless the medication is present.	
Has your child received any services from Alberta Health/therapists/agencies? Y or N	
If yes, from whom? _____	
(* NOTE: We <u>no</u> longer accept funded children from outside agencies.)	

Consent for medical attention

I give authority for my child's teacher to take the necessary steps to ensure that my child receives the care needed in any emergency. I also understand that I would be contacted immediately when any care is required. If a staff member from Early Discoveries needs to summon an ambulance, then I will be responsible for the cost incurred. As well, I understand that if my child has a diagnosed allergy/medical condition requiring medication, I will provide the prescribed medication to the school to be kept at the school. If I choose to bring the medication back and forth, I am aware that my child cannot attend if I forget the medication.

Parent's signature: _____

The Alberta regulations require that each school be aware of whether a child is immunized or not.

_____ My child's immunization is up to date as of _____ (today's date)

_____ My child has not been immunized for the following and/or not at all:

We only ask about immunization records in case an outbreak occurs in the class/school. Then, we can notify families whose children are not immunized.

Consent for Field Trips

I hereby give permission for my child to participate in all the day to day school activities such as nature walks, trips to the park and outside snack and story times. I authorize the preschool/Kindergarten to include my child in all field trips planned for the school year. If I object to any trips then I will keep my child home on that day. It is my understanding that the teacher will inform me of any class trips other than short walking trips, and I will be required to sign a permission slip to show my agreement with the plans.

Signature of parent _____

Government Funding (KINDERGARTEN ONLY)

***The government of Alberta will only provide funding for one Kindergarten program. If your child is enrolled at another school for Kindergarten, that school will receive the funding. If you want your child to attend our Kindergarten program as well, you will need to pay a monthly fee of \$425.**

FEE STRUCTURE:

Kindergarten Registration Fee : **\$330.00** (one time fee, non-refundable)

Preschool Registration Fee : **\$155.00** (one time fee, non-refundable)

1 day/week: \$75.00

2 day/week: \$155.00

3 day/week: \$210.00

4 day/week: \$260.00

5 day/week: \$300.00

(fees include \$100 Affordability Grant)

Full Day (50-99 Hrs/mo): \$230.00

Full Day (100+ Hrs/mo): \$326.25

(fees include Government Subsidy Program)

(*Prices subject to change.)

FULL DAY ONLY:

Please select from the following 2 options:

- ☐ My child will attend between 50 and 99 hours per month (~3 days per week)
- ☐ My child will attend over 100 hours per month (>4 days per week)

Signature of parent _____

Payment Information Required

Automatic EFT Payment:

Branch Transit Number: _____ (5 digits)

Financial Institution Number: _____ (3 digits)

Account Number: _____

Account holder name: _____

Account holder signature: _____

Payments from your account will show up as Early Discoveries or EDNS

I agree to give Early Discoveries one month's notice of withdrawal/absence or I will forfeit one month's payment. I understand that no refunds for the current school year are given after May 1st. I also understand the registration fee is non-refundable.

Signature: _____

Where did you hear about us?

- ☐ Road Signs ☐ Social Media ☐ Returning ☐ Internet Search
- ☐ Recommendation ☐ Other _____