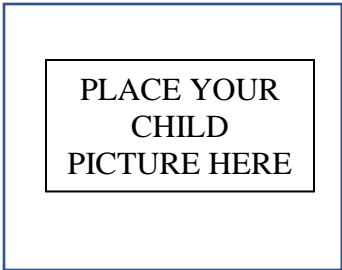




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## APPLICATION FOR BEFORE AND AFTER SCHOOL

THANK YOU FOR YOUR INTEREST IN OUR SCHOOL. PLEASE FIND ENCLOSED ALL NECESSARY INFORMATION. FOR FURTHER ASSISTANCE, PLEASE CONTACT US EITHER VIA PHONE OR EMAIL.

### STUDENT INFORMATION:

FULL LEGAL NAME: \_\_\_\_\_  
DATE OF BIRTH (Day/Month/Year): \_\_\_\_\_ AGE: \_\_\_\_\_ (as of Sept.1, 20\_\_ ) GENDER (F/M)  
HOME ADDRESS: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_

### PARENT INFORMATION:

MOTHER'S FULL NAME: \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
OCCUPATION: \_\_\_\_\_  
PLACE OF WORK: \_\_\_\_\_  
WORK PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_

FATHER'S FULL NAME: \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
OCCUPATION: \_\_\_\_\_  
PLACE OF WORK: \_\_\_\_\_  
WORK PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

1. NAME: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_
2. NAME: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

**AUTHORIZED PERSON(S) PERMITTED TO PICK UP YOUR CHILD FROM ZEBRA CROSSING ACADEMY:**

1. NAME: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_
2. NAME: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

**PROGRAMS AND FEES:**

- 5 DAYS – MON-FRI  
4 DAYS – MON-THURS/TUES-FRI/MON, TUES, THURS, FRI  
3 DAYS – MON/WED/FRI  
2 DAYS – TUES/THURS

	<b>5 DAYS</b>	<b>4 DAYS</b>	<b>3 DAYS</b>	<b>2 DAYS</b>
BEFORE SCHOOL 7:00 AM TO 7:45 AM	\$275.00	\$250.00	\$200.00	\$175.00
AFTER SCHOOL 2:30 TO 6:00 PM	\$425.00	\$400.00	\$375.00	\$350.00
FULL DAY BEFORE - AFTER	\$500.00	\$475.00	\$450.00	\$425.00

**TRANSPORTATION IS AVAILABLE TO AND FROM THE FOLLOWING SCHOOLS FOR AN ADDITIONAL CHARGE. PD DAYS ARE INCLUDED UNLESS WE ARE CLOSED.**

**BUFALO RUBBING STONE  
SAINT JEROME  
PANORAMA HILLS SCHOOL  
CAPTAIN NICHOLA GODDARD SCHOOL  
COVENTRY HILLS SCHOOL  
ASCENSSION OF OUR LORD SCHOOL  
SAINT CLAIRE SCHOOL  
NOSE CREEK SCHOOL**

**HEALTH INFORMATION:**

CHILDS ALBERTA HEALTH CARE NUMBER: \_\_\_\_\_

HEALTH CLINIC: \_\_\_\_\_

DOCTOR'S NAME: \_\_\_\_\_

PHONE NUMBER(S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DOES YOUR CHILD HAVE ANY OF THE FOLLOWING CONCERNS: (YES/NO)

PHYSICAL: \_\_\_\_\_ SOCIAL/BEHAVIORAL: \_\_\_\_\_

VISION: \_\_\_\_\_ HEARING: \_\_\_\_\_

ARE ALL THE IMMUNIZATIONS UP TO DATE (YES/NO): \_\_\_\_\_ IF NOT, WHY? \_\_\_\_\_

DOES YOUR CHILD HAVE ANY DIET RESTRICTIONS? \_\_\_\_\_

IS THE CHILD TOILET TRAINED? \_\_\_\_\_ AS OF (DATE): \_\_\_\_\_

IS YOUR CHILD ON ANY MEDICATION? \_\_\_\_\_

DOES YOUR CHILD HAVE ANY ALLERGIES? (YES/NO) \_\_\_\_\_

IF YES, PLEASE SPECIFY: \_\_\_\_\_

IF YOUR CHILD REQUIRES AN EPI PEN, PLEASE PROVIDE A LETTER FROM YOUR CHILD'S DOCTOR STATING THIS REQUIREMENT.

PLEASE INITIAL THE FOLLOWING CONSENT.

I GIVE CONSENT TO ALL STAFF EMPLOYED BY ZEBRA CROSSING ACADEMY TO PROVIDE FIRST AID TO MY CHILD IN CASE OF AN EMERGENCY AND TO ADMINISTER AN EPI PEN OR ANY OTHER EMERGENCY MEDICATION DUE TO A SEVERE ALLERGIC REACTION.

PLEASE INITIAL HERE: \_\_\_\_\_ DATE: \_\_\_\_\_

I GIVE CONSENT TO ALL STAFF EMPLOYED BY ZEBRA CROSSING ACADEMY TO CALL 911 IN CASE OF AN EMERGENCY.

PLEASE INITIAL HERE: \_\_\_\_\_ DATE: \_\_\_\_\_

I GIVE CONSENT TO ZEBRA CROSSING ACADEMY TO TAKE PICTURES OF MY CHILD.

PLEASE INITIAL HERE: \_\_\_\_\_ DATE: \_\_\_\_\_

I GIVE CONSENT TO ZEBRA CROSSING ACADEMY TO USE PICTURES OF MY CHILD IN THE SCHOOL WEBSITE AND FACEBOOK PAGE.

PLEASE INITIAL HERE: \_\_\_\_\_ DATE: \_\_\_\_\_

## ZEBRA CROSSING ACADEMY CONTRACT

CHILDS NAME: \_\_\_\_\_

PREFERED PROGRAM (# OF DAYS): \_\_\_\_\_

PREFERED SESSION (MORNING/AFTERNOON): \_\_\_\_\_

- STUDENTS WHO ARE ILL MAY NOT ATTEND SCHOOL AND IF THE STUDENT DOES FALL ILL DURING CLASS, PARENTS MUST PICK UP THEIR CHILD AS SOON AS POSSIBLE.
- MEDICATION WILL NOT BE ADMINISTERED BY ANY STAFF MEMBER EMPLOYED BY ZEBRA CROSSING ACADEMY.
- IF FOR ANY REASON YOUR CHILD NEEDS TO BE WITHDRAWN FROM ZEBRA CROSSING ACADEMY, A 30 DAY WRITTEN NOTICE IS REQUIRED ON THE LAST DAY OF THE PRIOR MONTH.
- PARENTS ARE REQUIRED TO PAY FOR SCHOOL FEES ON THE FIRST OF EVERY MONTH TO ZEBRA CROSSING ACADEMY; FEES ARE COLLECTED ONE MONTH IN ADVANCE. NO PORTION OF THE FEES PAID WILL BE REFUNDED OR CANCELLED IN ANY EVENT. WE ARE UNABLE TO ADJUST FEES. FEES WILL BE PAID USING THE PRE-AUTHORIZED PAYMENT SYSTEM.
- PARENTS ARE RESPONSIBLE FOR HAVING ADEQUATE FUNDS IN THEIR ACCOUNT. IF THE PAYMENT IS NSF, YOU WILL HAVE TO PAY AN ADDITIONAL \$35.
- IF PAYMENT IS LATE, THERE WILL ALSO BE A LATE FEE OF \$35.
- IF YOUR CHILD WILL BE ABSENT FROM CLASS, THEN WE REQUEST THAT THE PARENT ADVISES US IN ADVANCE.
- THERE WILL BE A LATE PICK UP FEE OF \$1 PER MINUTE FOR EVERY MINUTE YOU ARE LATE IN PICKING UP YOUR CHILD.
- ZEBRA CROSSING ACADEMY WILL NOT BE RESONSIBLE FOR ANY PAYMENTS OF AMBULANCE SERVICES NEEDED BY YOUR CHILD WHILE IN OUR CARE.
- THE BELOW SIGNATURE WILL ALSO CONFIRM THAT YOU HAVE READ THE POLICIES AND PROCEDURES OF ZEBRA CROSSING ACADEMY.
- AN ANNUAL REGISTRATION FEE OF \$100.00 THIS IS NON-REFUNDABLE NOR IS IT PRORATED AT ANY TIME.

THE DIRECTOR OF ADMISSIONS WILL NOTIFY YOUR PLACEMENT UPON RECEIVING THIS APPLICATION.

ALL INFORMATION ON THIS APPLICATION FORM SHALL BE CONSIDERED PRIVATE AND CONFIDENTIAL.

I, (PARENT NAME) \_\_\_\_\_, HAVE READ ALL THE INFORMATION ABOVE AND I UNDERSTAND AND AGREE WITH THIS FINANCIAL COMMITMENT.

PARENTS SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**SINCERELY,**

**ALIYA KHAKHI**  
**OWNER & DIRECTOR OF ZEBRA CROSSING ACADEMY**  
**(403) 457-0707**