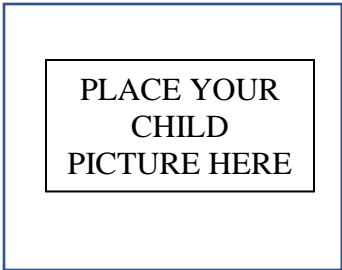




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APPLICATION FOR PRESCHOOL

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: _____

PARENT/FAMILY VOLUNTEERING:

DAY AVAILABLE: _____ AM/PM (please circle one)

NOTICE REQUIRED: _____

POTENTIAL FUTURE SIBLINGS: _____

HOW DID YOU HEAR ABOUT US: _____

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

3.5 HOURS PROGRAM **AM** 8:00 AM TO 11:30 AM OR **PM** 12:30 PM TO 4:00PM

	5 DAYS	4 DAYS	3 DAYS	2 DAYS
19 M- 3 YEARS OLD	\$575.00	\$550.00	\$525.00	\$500.00
3+ YEARS OLD	\$550.00	\$525.00	\$500.00	\$475.00

For this program one snack will be provided

FIELD TRIPS:

PROPER PROCEDURE WILL ALWAYS BE FOLLOWED TO ENSURE THE SAFETY OF YOUR CHILD ON AND OFF THE SCHOOL PREMISES. ZEBRA CROSSING ACADEMY DOES NOT TAKE ANY RESPONSIBILITY/LIABILITY WHICH MAY INCUR DURING FIELD TRIPS EITHER AROUND OR OUTSIDE THE SCHOOL FACILITY. THERE WILL BE PROPER CONSENT FORMS FOR ALL PARENTS TO COMPLETE BEFORE HAND. PARENTS WILL BE REQUIRED TO PAY ANY ADDITIONAL COSTS THAT MAY APPLY TO THE FIELD TRIP.

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 MUST BE IN PROCESS OF BEING POTTY TRAINED.
- 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, FOR EACH MONTH, AS 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. THIS IS APPLICABLE ACCORDING TO THE TIME FRAME YOUR CHILD IS REGISTERED FOR.
- IF YOU REQUIRE CARE FOR PD DAYS PLEASE LET US KNOW ONE WEEK IN ADVANCE; \$35.00 FEE FOR 5 HOURS AND \$20.00 FOR 3.5 HOURS SHOULD BE PAID IN CASH.
- 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, A RESOURCE FEE OF \$150.00 AND \$20 FOR THE SCHOOL T-SHIRT IS REQUIRED TO COMPLETE THIS APPLICATION. THIS IS NON-REFUNDABLE NOR IS IT PRORATED AT ANY TIME.
- FOR SIBLINGS REGISTRATION FEE WILL BE ONLY \$150.00 FOR RESOURCE FEE.
- A 10% OFF DISCOUNT WILL BE APPLIED ON MONTHLY FEE ON THE LOWER RATE FOR SIBLINGS.

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