Little Lambs Christian Preschool

Registration Form 2026/2027

Phone: 403-892-6627 Email: preschool@immanuellutheran.ca
Website: immanuellutheran.ca/preschool
Facebook: @LittleLambsLethAb

Student Information

Child's Surname:	Child's Given Names:
Date of Birth: (DD/MM/YYYY)	Age as of September 1, 2026
Address:	❑ Male ❑ Female
City:	Postal Code:
Phone Number:	Email Address: (Print Clearly)

Medical Information

Child's Family Doctor:	Name and Address of Clinic:	Clinic Phone Number:

Alberta Health Care Number:	Are Child's Immunizations up to date? ❑ Yes ❑ No
Allergies:	Requires Epi-Pen? If yes, please complete medical form ❑ Yes ❑ No
Does Child take any ongoing medications? List ❑ Yes ❑ No	Does child have asthma and/or requires inhaler? If yes, please complete medical form ❑ Yes ❑ No
Medical concerns or conditions:	

Parent/Guardian Information

Mother's Name:	Father's Name:
Address/Home: Phone #	Address/Home: Phone #
Cell # Work #	Cell # Work #
Place of Employment:	Place of Employment:

Emergency Contact Information - In the event of an emergency, if we are unable to contact you, the following individuals will be contacted, and the preschool will release the child into their care if necessary. Emergency contacts must not live at the same address as the child

Emergency Contact #1 Name	Emergency Contact #2 Name
Relationship to child:	Relationship to child:
Address:	Address:
Phone Number:	Phone Number:

Person Authorized to Pick up Child: _____

***Please pick preferred days - and second choice by indication of #1 or #2**

❑ 2 Day/ week program (please indicate *preferred* days ~ subject to availability)

❑ Monday AM ❑ Tuesday AM ❑ Wednesday AM ❑ Thursday AM

❑ Monday PM ❑ Tuesday PM ❑ Wednesday PM ❑ Thursday PM

❑ 3 Day/ week program (please indicate *preferred* days ~ subject to availability)

❑ Monday AM ❑ Tuesday AM ❑ Wednesday AM ❑ Thursday AM

❑ Monday PM ❑ Tuesday PM ❑ Wednesday PM ❑ Thursday PM

❑ 4 Day/ week program ❑ AM ❑ PM

❑ Monday - Thursday AM ❑ Monday - Thursday PM

Office Use Only

❑ $125.00 Non-refundable Registration Fee due at registration

❑ $125.00 Non-refundable Consumables Fee due before start date

❑ Photocopy of Birth Certificate (due upon registration – can be emailed to teacher)

❑ Preauthorized payments set up

Class Selection and Payment

Information ~ Choose from 2, 3, or 4 days/week

Make cheques payable to: **Immanuel Lutheran Church** for the 1st day of each month (Sept 2026 – June 2027)

E-transfers**: admin@immanuellutheran.ca** on or before the 1st day of each month (Sept 2026 – June 2027)

Preauthorized bank account or credit card payments – Parents set up payment information in ChildFriendly

(Make sure to reference child's name in e-transfer or cheque memo field)

Base Fee Schedule:

2 Day/ week program - $114.45/month

3 Day/ week program - $148.55/month

4 Day/ week program - $190.95/month

With $100 Federal/Provincial Affordability Grant (for all families):

2 Day/ week program - $14.45/month

3 Day/ week program - $48.55/month

4 Day/ week program - $90.95/month

*If you require further subsidy information, please see Office Manager or Teacher.

Additional Information

First Language spoken at home: _____

Has your child attended preschool before? If so, where? _____

Are the parents living together? _____

If not, who has custody of the child during preschool hours? _____

Are there any parental access restrictions? _____

(Please provide copies of any orders)

Have any of your children attended Little Lambs in the past? If yes, when _____

Church Attended (If any): _____

How did you hear about Little Lambs? _____

Authorizations

❒ I agree to notify the Preschool 30 days before withdrawal of my child. If notification is not given, tuition for the following month will not be refunded. As per Family Handbook.

❒ I understand that there are no refunds given for a child's absence

❒ I will keep the teacher informed of any event or change of routine at home which affects my child's behavior/impacts needs.

❒ I will notify the preschool if there are any changes to child's medical information or emergency contact information

❒ I will not send my child to preschool if he/she has any obvious symptoms of a contagious illness, fever, vomiting, respiratory illness. As per Family Handbook

❒ I authorize the teacher to call my child's doctor or an ambulance when parent or guardian is not immediately available.

❒ During a medical emergency I authorize Emergency medical treatment by Emergency Medical personnel

❒ During a medical emergency I authorize administering of medicine by Emergency Personnel

❒ During a medical emergency I authorize transport via ambulance

❒ The Preschool Staff may take photos for: (check any that apply)

- ❒ Private Family Group (Facebook)
- ❒ Public Facebook, Business Page/Advertising/Website, Including ILC Pages.
- ❒ None at all

❒ I have read and comply with the discipline policy of Little Lambs Christian Preschool as stated in the Family Handbook

❒ I give permission for my child to participate in outdoor nature walks if weather permits

All the information in this registration form is accurate and I will inform the preschool immediately of any changes.

Parent Signature _____ Date _____