



# McKenzie Lake Community Preschool 2024-2025 School Year Registration

**FOR OFFICE USE ONLY:**

PAYMENT #- \_\_\_\_\_      SUBSIDY YES / NO \_\_\_\_\_

START DATE \_\_\_\_\_      \$50 REG FEE YES / NO \_\_\_\_\_      MONTHLY FEE \_\_\_\_\_

VOID CHEQUE YES / NO \_\_\_\_\_      ADDITIONAL COMMENTS \_\_\_\_\_

**Class you are registering for:**

- |   |   |
|---|---|
| <input type="checkbox"/> 3 YEAR AM<br>(child must be 3 by Dec 31)         | <input type="checkbox"/> 4 YEAR AM<br>(child must be 4 by Dec 31) |
| <input type="checkbox"/> 3-4 YEAR split PM<br>(child must be 3 by Sept 1) | <input type="checkbox"/> 4 YEAR PM<br>(child must be 4 by Dec 31) |

**CHILD'S PERSONAL INFORMATION:**

**Child's Legal Name:** \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Last Name, First Name Middle Name)

**Preferred Name:** \_\_\_\_\_      **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_      **Sex (M/F):** \_\_\_\_\_  
(Month/Day/Year)

**Child's Address:** \_\_\_\_\_  
(full address with postal code)

**Home phone-** \_\_\_\_\_

**EMAIL ADDRESS -** \_\_\_\_\_ (please print neatly)

**Parent Information:** (fill out completely for each parent - do not use "same as")

Mother's Name: _____	Home Phone: _____
Address: _____	Work Phone: _____
Work Address: _____	Cell Phone: _____

Father's Name: _____	Home Phone: _____
Address: _____	Work Phone: _____
Work Address: _____	Cell Phone: _____

**Emergency Contacts:** (THIS NEEDS TO BE OTHER PEOPLE THEN PARENTS. If parents cannot be reached we will call these contacts - should be local in case pick up is needed)

Name:	Address: (complete)	Phone Number:	Cell:



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**Fees:**       3 and ¾ split yr old program: \$160/month       4 yr old program: \$185/month

**The following payment and cheque are required to secure your spot in the 2024-2025 school year:**

1. Non-refundable fee (\$50.00) payable by credit **at time of registration online** or by payment in the office by credit, debit, cash or cheque (payable to MLCA and dated for registration date). You do not need to pay in the office if you paid the \$50 by credit card online.
2. Attach to this registration form a void cheque or a direct debit form from your bank so we can debit your account monthly for the fees

**\*Please Note:** it is **mandatory** to purchase a \$25.00 McKenzie Lake Community Association (MLCA) membership starting August 1, 2023 (separate from the lake fees) and must have one prior to school starting in September for your child to attend preschool. Do not buy prior to August 1, 2024, or it will be expired by the time school starts. Purchase online at [www.mckenzielakecommunity.com](http://www.mckenzielakecommunity.com).

Your preschool fees will come directly out of your account on approximately the first business day of the month. A \$25 fee will apply if any cheque or payment is returned as NSF.

**Other information:**

Sometimes we have guests come into the classroom and share what they do for a living (or as a hobby). Would you be interested in coming into the classroom to share with the children?

Yes                       No                      Name: \_\_\_\_\_

Occupation/Hobby: \_\_\_\_\_

Any information you feel the teacher needs to know about your child:

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**MEDICAL INFORMATION**

Child's Name: \_\_\_\_\_ AB Health Care Number: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Dr's Phone Number: \_\_\_\_\_

Does your child have any allergies  YES  NO

If yes, please list allergies: \_\_\_\_\_

Is your child on any ongoing medication?  YES  NO

Is any medication to be administered during preschool hours?  YES\*  NO

If yes, please list medication(s): \_\_\_\_\_

*\*If the answer is YES to medication needing to be administered during preschool, please REQUEST a medical authorization form from the teacher and return it to the preschool.*

Does your child have any other medical conditions we should be aware of?  YES  NO

If yes, please list them: \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

My child's immunizations are up to date:  YES  NO

**Parent's Signature**

**Date signed**

If No is checked – I am aware, as a parent, that my child while socializing with other children in the program may be exposed to childhood diseases that are covered as part of immunization program. I will not hold MLCA (the staff or board of directors), the parents, or any children liable for any sickness that my child may contract.

\_\_\_\_\_  
Print Parent's Name:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Parent's Signature:



**WAIVER OF LIABILITY**

I \_\_\_\_\_ hereby give consent for my child \_\_\_\_\_  
(print parent's name) (print child's name)  
to participate in the McKenzie Lake Preschool Program and any playground or gymnasium activities. I also give MLCA Staff permission to administer First Aid and/or call emergency personnel for my child as required. I allow staff of MLCA to share my child's personal information with all emergency personnel in the case of an emergency.

I understand that the program's volunteers, MLCA staff, or the McKenzie Lake Community Association's board of Director's are not liable for any accident, loss, damage, injury, or ambulatory services resulting from or in conjunction with any activities my child participates in.

**AUTHORIZATION TO TAKE PICTURES**

I, \_\_\_\_\_ hereby authorize the McKenzie  
(print parent's name)  
Lake Community Preschool to on occasion, take photos of my child \_\_\_\_\_  
throughout the year for use in: (print child's name)

Crafts/Scrapbook  YES  NO

**AUTHORIZATION TO SHARE INFORMATION**

I, \_\_\_\_\_ hereby authorize McKenzie  
(print parent's name)  
Lake Preschool to use my/our name(s), phone number and email on the class list to be distributed to the other parents in my child's class to use for playdates or snack exchange days etc.

Name /number/email for class list  YES  NO

\_\_\_\_\_  
(Print Parent's Name)

\_\_\_\_\_  
(Parent's Signature)

\_\_\_\_\_  
(Date)



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## PICK-UP AUTHORIZATION

The McKenzie Lake Preschool requires a list of **ALL** individuals that may be required to pick-up your child \_\_\_\_\_ after class including **PARENTS**. (Licensing requirement)  
(Child's Name)

Please include the names of **all** persons, including **parents, emergency contacts, childcare providers, grandparents** etc. that may pick-up your child. To verify the individual's identity, photo identification may be required, prior to the Teacher or Teacher's Aide releasing your child from the classroom.

Name	Relation to child	Phone number
Name	Relation to child	Phone number
Name	Relation to child	Phone number
Name	Relation to child	Phone number
Name	Relation to child	Phone number
Name	Relation to child	Phone number
Name	Relation to child	Phone number
Name	Relation to child	Phone Number

I, \_\_\_\_\_ understand, that if for some unavoidable circumstance one of the  
 (print parent's name)  
 above mentioned individuals is not available to pick up my child, that the Teacher or Teacher's -  
 Aide will stay with my child at the Community Centre. Starting 15 minutes after scheduled class  
 finish time, I agree to pay a late pick up fee for this service.

\_\_\_\_\_  
 (Print Parent's Name)

\_\_\_\_\_  
 (Parent's Signature)

\_\_\_\_\_  
 (Date)



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**PLEASE ATTACH A CLOSE UP PHOTO OF YOUR CHILD'S FACE IN THE BOX  
BELOW: (can be printed on photocopy paper or a real picture)**

**(This photo will only be used to familiarize the MLCA staff with all children)**

**CIRCLE THE METHOD IN WHICH THE \$50 non-refundable fee has been or  
will be paid at the time of handing these forms in:**

**ONLINE   DEBIT   CREDIT   CASH   CHEQUE#\_\_\_\_\_**

**Before submitting this registration, form please make sure you attach a void cheque or a direct debit form. The \$50 registration fee is also due at time of registration. If you paid online then no need to pay in the office. Without these items, the registration will be incomplete and your child will not be guaranteed a spot.**



# McKenzie Lake Community Preschool 2024-2025 School Year Registration

Parents please fill out this form **neatly** and accurately as this sheet will be taken with staff whenever the children are off site, for example if we go outside, to the gym, or on a field trip. This is a licensing requirement so we apologize for the repetitiveness. Thank you.

Child's Name \_\_\_\_\_,  
LAST FIRST

Full address- \_\_\_\_\_

Home phone number- \_\_\_\_\_ Date of Birth- \_\_\_\_\_  
M/D/Y

Please state medical/allergy information:

\_\_\_\_\_

AB Health #- \_\_\_\_\_ Dr's name \_\_\_\_\_ Dr's phone # \_\_\_\_\_

Dietary restrictions: \_\_\_\_\_

Immunization current and up to date please circle yes or no

Parents signature \_\_\_\_\_ Date \_\_\_\_\_

Mom's Name \_\_\_\_\_

Full address- \_\_\_\_\_

Home phone- \_\_\_\_\_

Work phone- \_\_\_\_\_

Cell phone- \_\_\_\_\_

Dad's Name- \_\_\_\_\_

Full address- \_\_\_\_\_

Home phone- \_\_\_\_\_

Work phone- \_\_\_\_\_

Cell phone- \_\_\_\_\_

**EMERGENCY CONTACT (A PERSON TO CALL IF PARENTS CAN'T BE REACHED)**

Name- \_\_\_\_\_

Full address- \_\_\_\_\_

Home phone- \_\_\_\_\_

Work phone- \_\_\_\_\_

Cell phone- \_\_\_\_\_



# McKenzie Lake Community Preschool 2024-2025 School Year Registration

<b>MLCA PRESCHOOL Pre-Authorized Debits</b>										
<b>Payor's PAD Agreement</b>										
Payor's Pre-Authorized Debit (PAD) Agreement										
<b>Parent name</b> (last / first)										
Child Name: (last/ first)										
Telephone Number:				Cell:						
Email										
<b>Business Information</b>										
McKenzie Lake Community Association										
16198 McKenzie Lake Way										
Calgary Alberta T2Z 1L7										
<b>Customer Banking Information</b>										
Financial Institution Name:										
Branch Address:										
Deposit Account Number:				Financial Number:						
Branch Number:			Checking Account		Savings Account					
Credit card #			EXPIRY		CVC		MC		Visa	
Subsidy		No	<input type="checkbox"/>	Yes	<input type="checkbox"/>					
<b>NOTE:</b> MLCA valid membership is MANDATORY for your child to be a part of this program										
<b>Anyone paying with credit card will be charged an additional .03% per transaction</b>										
<b>Pre-Authorized Debit (PAD) Details</b>										
You, the Payor, authorize McKenzie Lake Community Association to debit the bank account identified above for \$160 / \$185 on the 1st day of every month or the next business day for child										
You, the Payor, may revoke your authorizations at any time in writing by providing 30 days notice as per the parent handbook.										
Name				<i>Signature of Account Holder:</i>						
<i>(Please Print)</i>										
Date:										