



For Office Use Only

Date rec'd _____

Payment Option Chosen: _____

REGISTRATION FORM 2015/2016 School Year

Student Information (This form is to be completed by the Applicant's Parent or Guardian)

Student Name:	Days per Week:	Times:
Date of Birth:	<i>Medicare No.</i>	
Father's Name:	Lives with the child/ren	Yes No
Mother's Name	Lives with the child/ren	Yes No
Home Address	City:	Province: NB
Postal Code	Home Phone ☎	
E-mail Address (1)	E-mail Address (2)	
Father's Business:	Mother's Business ☎	
Father's Cell:	Mother's Cell	
Emergency Contacts (When parent/guardian is unavailable)	Phone ☎ ()	
1.		
2.	Phone ☎ ()	

Medical Information

Has the Applicant any new health or physical limitations. If Yes, please explain.	
Has the Applicant any new allergies or life threatening conditions. If Yes, please explain.	
If the Applicant needs to take any type of medication regularly, please inform the School Office.	
Doctor's Name:	Phone ☎ ()
Immunization Forms Completed & Submitted:	

VCA 2015-2016 Preschool & Daycare Tuition Fees

\$50 Registration & Curriculum Fee is also required

	Tuition
Preschool & Daycare Half Day	\$14.00 day or \$70.00 weekly
Daycare & Preschool (Full Day)	\$140.00 weekly

Please choose your method of payment for Tuition for 2014/2015 School Year:

- 1. Post Dated Cheques beginning September through June or July through June
- 3. Debit Monthly
- 4. Email transfer of tuition funds to finance@bellaliant.com

Little Blessings tuition is due at the 1st of each month.

By signing this Registration Form I confirm that I am familiar with the philosophy of Little Blessings Preschool and Daycare and have read the Family Handbook and agree that my child will follow the program and regulations of the school.

Date: