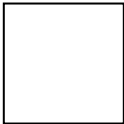


Richmond Kings Nursery School
REGISTRATION FORM 2021/2022



STUDENT INFORMATION:

Child's Name (first, last) _____ Date of Birth (dd/mm/yyyy) ____/____/____ Gender ____
Address _____ Postal Code _____ Home Phone _____
Email address to receive newsletters and information about the pre-school: _____
Child lives with: Both Parents: _____ Mother: _____ Father: _____ Guardian: _____ Foster: _____
Custody: Joint: _____ Mother only: _____ Father only: _____ (Please submit a photocopy of the custody agreement with the registration form, if applicable.)
Siblings name, age and school (if attending): _____

CONTACTS:

Mother: - Name _____ Cell Phone _____
Home Address (if different than above) _____ Home Phone _____
Business Name and Address _____ Business Phone _____
Father: – Name _____ Cell Phone _____
Home Address (if different than above) _____ Home Phone _____
Business Name and Address _____ Business Phone _____

Alternate Emergency Contact:

Name _____ Relation to child: _____ Address _____ Phone _____

MEDICAL INFORMATION:

Family Doctor Name _____ Phone _____
Manitoba Health Registration # (6 digits) _____ ID # (9 digits) _____
Allergies: (diagnosed allergies only): _____ Is this allergy life threatening/anaphylactic? Yes No
If not, what is the reaction and treatment? _____
List any medical, physical, developmental or emotional conditions relevant to the care of the child (eg. Asthma): _____

Please check the preferred session:

3 YEAR OLD PROGRAM (\$90.13 PER MONTH)

_____ Tues/Thurs morning (9:00 – 11:15 am)
_____ Tues/Thurs afternoon (1:00 – 3:15 pm)

4 YEAR OLD PROGRAM (\$135.20 PER MONTH)

_____ Mon/Wed/Fri morning (9:00 – 11:15 am)
_____ Mon/Wed/Fri afternoon (1:00 – 3:15 pm)

How did you hear about our Nursery School? _____

Richmond Kings Nursery School is dependent on volunteers helping out in a variety of different capacities. Can we contact you to review the volunteer positions available with the hope of enlisting your help?

Yes _____ No _____ Maybe _____

I agree to receive RKNS news, updates & event information by email: Yes _____ No _____
(Consent can be withdrawn at any time via email to rkns@live.ca)

DATE: _____ SIGNATURE OF PARENT/LEGAL GUARDIAN: _____

With this registration form, please enclose the following:

1. A currently dated cheque for \$220.00 made out to Richmond Kings Nursery School, Inc. This is a non-refundable registration fee.
2. The completed Authorization to Debit for Monthly Fees
3. A voided cheque.

A confirmation letter will be sent upon receipt of your registration form, registration fee, debit authorization form and voided cheque. In the event of withdrawal from the program, September's fee will be refunded if the school is notified in writing before April 15th, 2021. After this date September fees are non-refundable. We require one calendar months written notice. Eg: notice to withdraw given in October would be charge for November. A fee of \$40.00 will be charged for any NSF cheques/debits.



Richmond Kings Nursery
School 933 Summerside Ave.
Winnipeg, MB
R3T 4Y1
275-6239

**AUTHORIZATION TO DEBIT FOR MONTHLY FEES
FOR THE 2021-2022 OPERATING SCHOOL YEAR**

I/We, (name) _____ hereby authorize Richmond Kings Nursery School (RKNS) to debit the account detailed below as required for monthly fees payable to RKNS. I/We understand the treatment of each payment shall be the same as if I/we had issued a cheque authorizing the bank to pay RKNS and to debit the amount specified from my account as indicated.

MONTHLY FEES (please check one):

- ☐ 3 year old program, \$90.13/month for each child enrolled
Child(rens) Name: _____
- ☐ 4 year old program, \$135.20/month for each child enrolled
Child(rens) Name: _____

SCHEDULE OF MONTHLY DEBITS WILL BE AS FOLLOWS:

Thursday, April 15, 2021 (September's fees)
Friday, October 1, 2021
Monday, November 1, 2021
Wednesday, December 1, 2021
Monday, January 3, 2022

Tuesday, February 1, 2022
Tuesday, March 1, 2022
Friday, April 1, 2022
Monday, May 2, 2022

FUNDS TO BE DEBITED FROM:

Financial Institution: _____
Address: _____
City: _____ Prov: _____
Postal Code: _____ Telephone: _____

Bank ID # _____ Transit # _____
Account # _____ Date: _____
First Authorized Signature: _____
Second Authorized Signature: _____
(if two signatures required)

FOR VERIFICATION PURPOSES PLEASE ATTACH A COPY OF A CHEQUE MARKED "VOID".

PLEASE NOTE: A \$40.00 service charge will be charged for any payments that are returned due to insufficient funds or funds not cleared.

In the event that your banking information changes, RKNS requires five (5) business days written notice to implement the change, otherwise any fees associated with wrong banking information will be charged accordingly.

In the event of withdrawal from the program, September's fee will be refunded if the school is notified in writing before April 15th, 2021. After this date September fees are non-refundable. We require one calendar months written notice. Eg: notice to withdraw given in October would be charge for November. A fee of \$40.00 will be charged for any NSF cheques/debits.

Received by RKNS

Date: _____
Initials: _____

