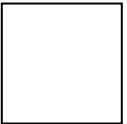


In-House
 Alumni
 New Registrant
Date Received: _____



Richmond Kings Nursery School REGISTRATION FORM 2019/2020

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(Consent can be withdrawn at any time via email to rkns@live.ca)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 \$130.00 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, 2019. After this date September fees are non-refundable. For all other subsequent months, 4 weeks written notice is required for refund. A fee of \$40.00 will be charged for any NSF cheques/debits. A nonrefundable, extracurricular fee in the amount of \$90.00 will be charged once in June, for each child enrolled in the 3or 4 year old program. A separate letter explaining the fee is available.



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

AUTHORIZATION TO DEBIT FOR MONTHLY FEES FOR THE 2019-2020 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:

- Monday, April 15, 2019 (September's fees)
Tuesday, October 1, 2019
Friday, November 1, 2019
Monday, December 2, 2019
Thursday, January 2, 2020
Monday, February 3, 2020
Monday, March 2, 2020
Wednesday, April 1, 2020
Friday, May 1, 2020

EXTRACURRICULAR FEE

3 & 4 year old program, \$90.00 for each child enrolled Withdrawn once per child, on June 3, 2019 Child(rens) Name:

FUNDS TO BE DEBITED FROM:

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

Bank ID # Account # Transit # 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 you wish to submit notice of withdrawal from the program at anytime between September 1, 2019 and April 30, 2020 with less than four weeks written notice, fees for the month following notice will be debited from your account.

Received by RKNS

Date:

Initials:

