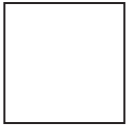




Richmond Kings Nursery School REGISTRATION FORM 2025/26

In-House
 Alumni
 New Registrant
Date Received: _____



STUDENT INFORMATION:

Child's Name (first, last) _____ Date of Birth _____ Gender _____
(dd-mm-yyyy)

Address _____ Postal Code _____ Home/Cell # _____

Email address to receive newsletters and information about the preschool: _____

Child lives with: Both Parents: _____ Mother only: _____ Father only: _____ 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 _____ Business Phone _____

Business Address _____

Father: Name _____ Cell Phone _____

Home Address (if different than above) _____ Home Phone _____

Business Name _____ Business Phone _____

Business Address _____

Alternate Emergency Contact: Name _____ Phone _____
(If Parent is Unavailable)

Relation to child: _____ Address _____

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, development or emotional conditions relevant to the care of the child (eg. Asthma): _____

Please check the preferred session:

3 YEAR OLD PROGRAM (\$40 PER MONTH)

4 YEAR OLD PROGRAM (\$60 PER MONTH)

_____ Tues/Thurs morning (9:00 - 11:15 am)

_____ Mon/Wed/Fri morning (9:00 - 11:15 am)

_____ Tues/Thurs afternoon (1:00 - 3:15 pm)

_____ 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(Consent can be withdrawn at any time via email to rkns@live.ca)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 or Bank Account Routing Details

A confirmation letter will be sent upon receipt of your registration form, registration fee, debit authorization form and voided cheque or Bank Account Routing Details. In the event of withdrawal from the program, September's fee will be refunded if the school is notified in writing before April 15th, 2025. 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.

PLEASE PRINT ONLY SINGLE-SIDED



Richmond Kings Nursery School
933 Summerside Ave.
Winnipeg, MB R3T 4Y1
(204)275-6239

AUTHORIZATION TO DEBIT FOR MONTHLY FEES
FOR THE 2025-2026 OPERATION SCHOOL YEAR

I/We, _____ 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 debit the amount specified from my account as indicated.

MONTHLY FEES (please check one):

[] 3 year old program, \$40/month for each child enrolled

Child(rens) Name: _____

[] 4 year old program, \$60/month for each child enrolled

Child(rens) Name: _____

SCHEDULE OF MONTHLY DEBITS WILL BE AS FOLLOWS:

Tuesday, April 15, 2025 (September's fees)

Wednesday October 1, 2025

Monday, November 3, 2025

Monday, December 1, 2025

Friday, January 2, 2026

Monday, February 2, 2026

Monday, March 2, 2026

Wednesday, April 1, 2026

Friday, May 1, 2026

FUNDS TO BE DEBITED FROM:

Financial Institution: _____

Address: _____

City: _____ Province: _____

Postal Code: _____ Telephone: _____

Bank ID # _____ Transit # _____

Account # _____ Date: _____

First Authorized Signature: _____

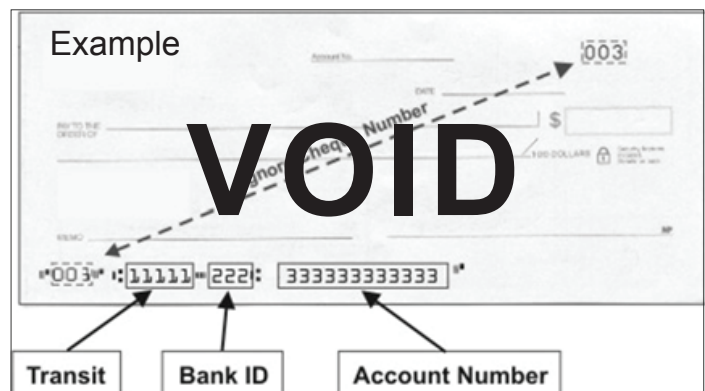
Second Authorized Signature: (if two signatures required)

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 change, 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, 2025. After this date, September fees are non-refundable. We require one calendar months written notice. Eg: notice to withdraw given in October would be charged for November. A fee of \$40 will be charged for any NSF cheques/debits.

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



Received by RKNS

Date: _____

Initials: _____