 13-5875 Rochdale Blvd.

Regina, SK.

S4X 2P9

(306) 530-6534

info@bloomlearning.ca

**Registration Package**

* Please complete entire package print and mail or drop off to mailing address or email to info@bloomlearning.ca

|  |  |
| --- | --- |
| First Name:  | Middle Name: |
| Last Name:  | Birthdate:  |
| Gender: | Address: |
| Postal Code: | Home phone number: |
| Cell phone number: | Additional phone number:  |
| Parent #1 Name:  | Parent #2 Name: |
| Address (if different): | Address (if different): |
| Parent #1 Occupation:  | Parent #2 Occupation: |
| Parent #1 Phone Number: | Parent #2 Phone Number: |
| Parent #1 Email:  | Parent #2 Email: |

Emergency Contact Information**:**

Name:

Phone number:

Relationship to child:

Authorized Pick Up:

* Please list up to three people and their phone numbers of people other than parents that may pick your child up throughout the year. If you wish you may include pictures.

1.

2.

3.

General Information

**Name and Age of siblings**:

1.

2.

3.

4.

School your child plans to attend elementary school:

Is there any information that I should know (ex: custody agreements, living arrangments, personality, learning styles, disciple techniques used at home):

Does your child have any known allergies or medical conditions we should be aware of:

Is there anything your child is afraid of:

**Please circle Yes (Y) or No (N) to the following questions:**

**These questions are just the give me a better understanding of your child’s abilities, needs and starting level:**

|  |  |  |
| --- | --- | --- |
| Question | Yes (Y) | No (N) |
| My child is fully potty trained | Y | N |
| My child is able to dress themselves | Y | N |
| My child knows his/her full name | Y | N |
| Do you require YMCA Pick Up/ Drop Off from the YMCA Daycare. | Y | N |

Class Selection

**Please Number you first (1) second (2) and third (3) choice of class days and times:**

* I will try and accommodate everyone’s first option, if first option is not available I will contact you to confirm your second option time.

**1 day a week = $125 a month**

**2 days a week = $225 a month**

**4 days a week = $350 a month**

* All fees are due on the first of the month.
* You may also may the full year in one or two payments.
* Feel free to drop off 10-15 mins before start time for convenience, especially for students with school age siblings.

|  |  |
| --- | --- |
| **2-Days**\_\_\_\_\_\_\_Monday & Wednesday  9:00 – 11:45 A.M.  | **2-Days**\_\_\_\_\_\_\_Monday & Wednesday  1:00 P.M. – 3:45 P.M.  |
| **2-Days**\_\_\_\_\_\_\_Tuesday & Thursday  9:00 – 11:45 A.M.  | **2-Days**\_\_\_\_\_\_\_Tuesday & Thursday  1:00 P.M. – 3:45 P.M.  |
| **4-Days**\_\_\_\_\_\_\_Monday – Thursday  9:00 – 11:45 A.M.  | **4-Days**\_\_\_\_\_\_\_Monday - Thursday  1:00 P.M. – 3:45 P.M.  |
| **1-Day**\_\_\_\_\_\_\_Friday  9:00 – 11:45 A.M.  | **1-Day**\_\_\_\_\_\_\_Friday  1:00 P.M. – 3:45 P.M.  |

Photo Acknowledgment

By signing below, I hereby consent to and authorize Bloom Learning Centre to photograph and video the above registrant, a minor child in my custody as parent or guardian while participating at school. These images will only be available and viewable on the school APP, any images used online publicly or in advertisements will not have recognizable faces. Families in the same class will be able to see images in the APP.

 I acknowledge and agree to the photo authorization.

Email Authorization

I authorize Bloom Learning Centre to contact me at the email addresses listed above for promotional purposes including but not limited to announcements, upcoming registrations, and new programs or class offerings.

 I acknowledge and agree to the email authorization.

Cancellation Policy

Bloom requires one month’s notice (30 days) or one month’s payment in lieu of notice. If notice if given part way through the month you will be charged in full for the following month. This allows us the necessary time to fill your spot. Please note registration fees are non-refundable and are not applied towards the monthly fees owing.

 I acknowledge and agree to the cancellation policy.

Application Information

Applicant Name (first and last name of who is completing the registration forms):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Email (The confirmation email will be sent to this email address):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature: By signing below, I hereby certify that I have read and understand the above terms and conditions:

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_