



320 19 Street SE, Calgary, AB T2E 6J6

LITTLE CRITTERS PRESCHOOL



2026-2027



This registration form is a legal document. It must be accurate and complete. All information will be treated confidentially. In recognition of PIPA requirements, the supervising authority can only use the personal information collected on this form for the purposes of delivering the preschool program. Should you have any questions regarding this collection, please contact our office.

- This program is open to children ages 3 - 4.7 years old. Children must have a **working knowledge of English** and **MUST** be potty trained
- **Program fees are non-refundable**
- Please see our Handbook for Phoenix rules or download a copy from our website - www.phoenixfoundation.ca

Legal Surname:	Legal First Name:	Legal Middle Name:			
Preferred Name(s):	Date of Birth: <i>Must be 3 - 4.7 years years old</i>	Language(s) spoken at home:			
Parent / Legal Guardian (First and Last): *This will be our <u>primary</u> contact		Parent / Legal Guardian (First & Last): *This will be our <u>second</u> contact			
Address:		Address (if different):			
City:	Postal Code:	City:	Postal Code:		
Cell Phone:	Alt Phone:	<input type="checkbox"/> Home <input type="checkbox"/> Work	Cell Phone:	Alt Phone:	<input type="checkbox"/> Home <input type="checkbox"/> Work

Email is our primary mode of communication. Please list **all** of the emails that you wish to have added to your student's account:

Student resides with: (check one) <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian (Please provide copies of necessary court orders)	Is there a Custody Agreement or Protection Order in place? <input type="checkbox"/> No <input type="checkbox"/> Yes Please explain (Please provide copy):
Emergency Contact (NOT one of the adults listed above) & Relationship:	
Phone Number:	
Families issues or concerns:	
Medical issues or allergies: Phoenix is unable to administer any medication. Parents of children with serious allergies or medical concerns are expected to attend with their child.	

	CLASS:	DATES:	FEES:	TOTAL:
<input type="checkbox"/>	Tuesday AM (9:30 am - NOON)	Sept 8, 2025 – May 26, 2026	34 classes X \$18.75 = \$637.50	
<input type="checkbox"/>	Thursday AM (9:30 am - NOON)	Sept 10, 2025 – May 27, 2026	34 classes X \$18.75 = \$637.50	
<u>Annual preschool fees are non-transferable and non-refundable.</u>				SUBTOTAL
<input type="checkbox"/>	10% Discount for multiple day enrollment		LESS DISCOUNT	
PAYMENT OPTIONS (please select one):		Subject to the school calendar (reverse)		TOTAL

VISA (no Visa debit) or MASTERCARD Number:	Expiry:
Parent Signature:	Date:
Office:	

Preschool 2026-2027