

A2Z KIDZ ED.
DAYCARE
 + B4 & After School Care
 A2Z Kidz Ed. Inc. Registration Form

416 83 Ave. S.E Calgary
 Phone: 403-252-2288 | Cell: 587-703-1164
 Email: a2zkidzed@telus.net

Enrollment Date: _____ Deposit Paid: _____ School & Grade: _____
 Child's Name: _____ DOB: _____ Male/Female: _____
 Child's Address: _____ Phone: _____

Fees

Fee Type	Amount	Notes
Registration Fee	\$50.00	Non-refundable
Deposit	\$575.00	Refundable with one month's written notice given on or before the 1st of the last month of care

Parent/Guardian Signature for Deposit Agreement: _____

Monthly Childcare Fees

Program	Age Group	Monthly Fee
Out of School Care (OSC)	Grade 1-5	\$575.00
Summer Program	Grade 1-5	\$850.00

Optional Services

Service	Fee
Food Program	\$100.00/month

Government Subsidy: Families may be eligible for additional subsidies based on income. Subsidy is the parent's responsibility to apply for and maintain. Parents are responsible for any fees not covered by subsidy. Apply at: www.child.alberta.ca
 We accept e-transfer, cash, and post-dated cheques only.

Parent/Guardian Information

All information must be filled out as per Alberta Child and Youth Services regulations.

Mother's/Guardian Name: _____ Home Phone: _____
 Work Phone: _____
 Address Home (including postal code): _____ Cell: _____
 Work Address: _____
 Email: _____

Father's/Guardian Name: _____ Home Phone: _____
 Work Phone: _____
 Address Home (including postal code): _____ Cell: _____
 Work Address: _____ Email: _____

Emergency & Transportation Information

OTHER PERSON DESIGNATED TO TRANSPORT CHILD TO & FROM PROGRAM:

- 1.) Name: _____ Phone: _____ Address: _____
2.) Name: _____ Phone: _____ Address: _____
3.) Name: _____ Phone: _____ Address: _____

ALTERNATE CONTACT IN CASE OF EMERGENCY OR TO CARE FOR CHILD WHEN ILL:

- 1) Name: _____ Relationship: _____ Address: _____
Phone: _____
2) Name: _____ Relationship: _____ Address: _____
Phone: _____

Child Information

Language Spoken at Home: _____

Child's Previous Experience in a Group? (Optional): _____

Guidance & Control Methods that Child Responds to (Optional): _____

Any further information to assist staff (fears, concerns, interests, special needs, etc.)? (Optional): _____

Cultural/Spiritual Background: _____

Immunizations up to date: YES / NO

Allergies and/or food restrictions: _____

Medications: _____

***** STAFF MEMBERS ARE NOT RESPONSIBLE FOR LOST, MISPLACED OR BROKEN ITEMS BROUGHT FROM HOME (we encourage children to leave all toys at home unless asked by staff) *****

Agreements & Acknowledgements

I HAVE READ THE ATTACHED PARENT HANDBOOK. I AGREE TO ADHERE TO THE GUIDELINES and ALL POLICIES AS OUTLINED IN IT.

I ACKNOWLEDGE AND AGREE TO THE DEPOSIT, WITHDRAW, SUBSIDY, DISCIPLINARY, and TRANSPORTATION POLICIES AS SPECIFIED IN THE PARENT HANDBOOK.

PLEASE NOTE: A ONE MONTH NOTICE NEEDS TO BE GIVEN IF YOU ARE WITHDRAWING YOUR CHILD. (Your deposit will not be refunded if you do not give proper notice). NO REFUND WILL BE GIVEN IF YOU ARE DISMISSED OR WITHDRAW YOUR CHILD WITHOUT PROPER NOTICE.

Parent(s) or Guardian: _____

Date: _____

Parent(s) or Guardian: _____

Date: _____

Revised January 2026