



2025 Oak Street
Sherwood Park, AB
T8A OW9

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Preschool Program Registration Form 2023-2024

Program Selection

- Tumbling Tots** (Tuesday/Thursday)

Note: Children must be three years old by Dec 31, 2023

- Jumping Juniors** (Monday/Wednesday/Friday)

Note: Children must be four years old by Dec 31, 2023

- 9:00-11:30 am**

- 9:00- 11:30 am or**

- 12:30-3:00 pm**

Child Information

Child's Legal Name: _____ Preferred Name: _____

Address: _____ Gender: _____

City: _____ Postal Code: _____ Home Phone: _____

Birth Date: _____/_____/_____
 YYYY MM DD

Parent/Guardian Information

Primary Contact: _____ Lives with Child: Yes ___ No ___

Address (if different) _____

Phone: _____ Cell: _____ e-mail: _____

Secondary Contact: _____ Lives with Child: Yes: ___ No ___

Address (if different) _____

Phone: _____ Cell: _____ e-mail: _____

Emergency Contact Information (Different from Primary Contacts**)**

Emergency Contact #1: _____ Relationship: _____

Phone: _____ Cell: _____

Emergency Contact #2: _____ Relationship: _____

Phone: _____ Cell: _____

Medical Information

Does your child have any known allergies? If yes, how severe and how are they treated? For severe and/or life-threatening allergies, please ask for and fill out a separate medical form.

Are there any other medical issues Salto Preschool Staff should be aware of? If yes, please explain

Does your child have all recommended immunizations? Yes ___ No ___

Emergency Consent: Salto Gymnastics makes every effort to notify a parent/guardian or emergency contact when a child is ill or needs medical attention. In the event we are unable to contact anyone, and immediate emergency medical attention is needed, Salto will arrange for the child to be taken via ambulance to the nearest emergency medical centre. I consent for Salto to provide this level of care. Yes ___ No ___

Terms & Conditions

I am aware that my child is authorized to be picked up by only the contact and emergency contacts listed in this registration form, unless otherwise arranged with Salto Preschool.

Yes ___ No ___

I have read and understand all the policies and procedures in the Salto Preschool Information Book. Yes ___ No ___

Withdrawal Process: I understand that if withdrawing from Salto Preschool Program, June fees are non-refundable after August first. Written notice through email to askus@saltogymnastic.ca

must be given in order to stop further payments from being processed. Registration fees are non-refundable upon registering for a program. Yes ___ No ___

Declaration

I hereby declare that I have read and understand the information contained on this form and the information I have provided is correct. I further consent to the collection and use and disclosure of my personal information and that of my child in accordance with Salto's information and Privacy Policy as posted at www.saltogymnastics.ca.

Parent/Guardian Signature: _____

Date: _____

Completed forms can be submitted digitally to askus@saltogymnastics.ca or turned in at the front office.