

Does child have any allergies? Yes _____ No _____

To: _____

If so, how does it usually manifest itself? _____

Is your child on any medication? Yes _____ No _____

If so, please specify: _____

Are there any cultural beliefs, traditions or others information you feel we should know about, or that may affect your child's participation?

CENTRE ACTIVITIES:

I hereby grant permission for my child to leave the Child Development Centre, under the supervision of staff members for walks, field trips in an authorized vehicle. As per Licensing Regulation S57-111, children must now have a picture of themselves attached to their file.

Yes _____ No _____ _____

Signature (parent/guardian)

I give permission for the staff of the Child Development Centre to take pictures/video shots of my child while taking part in the program. These photos may be displayed in the classrooms, sent home with the children, posted on our website or Facebook page. Any photos or videos taken for therapy purposes will be handled confidentially.

Yes _____ No _____ _____

Signature (parent/guardian)

There is a one-time \$30 non-refundable registration fee when a child first starts at the SPCDC preschool program.

REGISTRATION CHECKLIST:

The following completed forms are needed for the registration to be accepted:

1. *Registration Form*
2. *Immunization Records*
3. *Emergency Contact Sheet*
4. *Financial Agreement*
5. *\$30 one time registration fee for children new to the SPCDC preschool program*

Emergency Information for SPCDC Preschool Program

The information on this sheet will be used if child is not picked up on time, will also travel with teachers on any outings away from the centre or given to medical authorities if your child is transported for a medical emergency

Child's Name: _____

Birthdate: _____

Address: _____

Parent Name: _____

Ph: (home) _____ (work) _____ (cell) _____

Parent Name: _____

Ph: (home) _____ (work) _____ (cell) _____

Emergency Contact: _____

Ph: (home) _____ (work) _____ (cell) _____

Emergency Contact: _____

Ph: (home) _____ (work) _____ (cell) _____

Child's Doctor: _____ Ph: _____

Care Card Number: _____

Medications: _____

Medical Conditions/Allergies: _____

Medical Emergency Consent: If your child has a medical emergency it is the policy of the SPCDC to call the ambulance and then notify a parent / guardian. If a parent/ guardian are not on site at the time of transport SPCDC staff will accompany to the hospital and wait until the parent / guardian arrive. Please sign below so that we can take the appropriate action on behalf of your child. Any expense occurred during this transport will be the responsibility of the parent / guardian.

Date: _____ **Signature:** _____

SOUTH PEACE CHILD DEVELOPMENT CENTRE

9001 - 10 Street, Dawson Creek, BC V1G 4T1

Phone: (250)782-1161 Fax: (250)782-4487 e-mail: spcdc@telus.net Website: www.spcdc.ca

FINANCIAL AGREEMENT

This agreement will exist for the full length of time your child is in our preschool program.

It is our goal to keep our tuition as low as possible while maintaining the excellence of the program to which we are committed in the face of rising costs. We would like you to know the following:

- 1) The preferred method of payment is post - dated cheques received at the start of enrollment. Please drop by your bank and pick up 10 cheques. Cheques must be dated no later than the 7th of each month. Preschool fees are annually based and then divided into 10 months. It is your responsibility to ensure that all subsidies are in place for your child’s program. It is your responsibility to cover any expense not covered by subsidy.
- 2) If you are withdrawing your child and two weeks written notice is given we will pro-rate the month of your withdrawal.
- 3) Receipts for payment are issued when the postdated cheques are processed and the receipt will be placed in your child’s backpack.
- 4) In order to keep costs down, we do not issue monthly statements.
- 5) In the event that tuition fees are 30 days overdue, the child’s space will be given up to the waitlist.
- 6) Please keep your original receipt in a safe place for tax purposes if applicable. No duplicate receipts will be issued.
- 7) The SPCDC is committed to support families and if you require financial assistance to attend preschool please talk to Kim Hughes-Brinsky, Executive Director.

I have read the above information and agree to this financial agreement.

DATE: _____

Parent Name: _____

SIGNATURE: _____

Child’s Name _____

DOB _____ MM / DD/ YR

Preschool fees for the current school year are as follows. (Subject to change with notice)

2 days/week

September	110.00	March	110.00
October	110.00	April	110.00
November	110.00	May	110.00
December	110.00	June	<u>110.00</u>
January	110.00		
February	110.00	Year Total	<u>\$1100.00</u>

Post-dated cheques are the method of payment at the start of enrollment.

We do not issue monthly statements. Receipts for payment are issued when the post-dated cheques are processed and the receipt will be placed in your child’s backpack.