



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 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](mailto:spcdc@telus.net) Website: [www.spcdc.ca](http://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) Preschool fees are annually based and then divided into 10 months.
- 2) The preferred method of payment is post - dated cheques received at the start of enrollment. Cheques must be dated **no later** than the 7<sup>th</sup> of each month. Please note there will be a \$20.00 charge on all NSF cheques.
- 3) 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.
- 4) If you are withdrawing your child and two weeks written notice is given, we will pro-rate the month of your withdrawal.
- 5) In an effort to keep costs down, we do not issue monthly invoices and will only print payment receipts upon request. A statement of account can be issued at year-end (upon request).
- 6) In the event that tuition fees are 30 days overdue, your child's space will be given up to the waitlist.
- 7) The SPCDC is committed to supporting 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	130.00	March	130.00
October	130.00	April	130.00
November	130.00	May	130.00
December	130.00	June	<u>130.00</u>
January	130.00		
February	130.00	<b>Year Total</b>	<b><u>\$1300.00</u></b>

Post-dated cheques are the preferred method of payment at the start of enrollment. We do not issue monthly invoices and payment receipts will only be printed upon request. A Statement of Account can be issued at year-end (upon request).