

SOUTH PEACE CHILD DEVELOPMENT CENTRE

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

Phone: (250)782-1161 Fax: (250)782-4487

Email: general@spcdc.ca Website: www.spcdc.ca

Welcome Preschool Parents!

Thank you for interest in our Preschool. Please review the Preschool Handbook as it will provide lots of information of our preschool program. We also have a Q&A documents for commonly asked questions.

The spaces will be filled first by our waitlist and then first come first serve basis. It is important to return your registration forms as soon as possible to give you the best chance of getting your preferred days.

Your checklist for Preschool Registration is as follows:

- *Registration Form*
- *Immunization Records available for photocopy (we know it can take time to obtain the records from Public Health – we must receive it before your child's starts Preschool)*
- *Emergency Contact Sheet*
- *Financial Agreement*
- *\$30 one time registration fee for children new to the SPCDC preschool program: see below*
- *First month's Preschool Fee - non-refundable: see below*

For this year as we manage the many changes, we will place your child into a Preschool Classroom Spot once all paperwork has been returned. We will request payment, \$30 one time registration fee (if applicable) and the preschool fee for the first month, by **August 1st**.

Paperwork can be sent in by the following ways:

- Email: general@spcdc.ca
- Fax: 250 782 4487
- Drop off at the front desk

We will confirm your child placement shortly after all paperwork has been received

Persons authorized to pick up child:

1. _____
Name Telephone #'s Relationship to child

2. _____
Name Telephone #'s Relationship to child:

Under NO circumstances will child be released to anyone without *written* authorization from parent /guardian – this is required by our License.

Child's Medical Number _____ Province _____

Are all immunizations up to date? Yes _____ No _____

If No, please sign the following: I have chosen not to immunize my child _____ (Parent Signature)

A photocopy of immunization must be available to complete registration.

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*

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FINANCIAL AGREEMENT - STEPPING STONES AM CLASS

This agreement will exist for the full length of time your child is in our Sunshine 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 7th 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	Year Total	<u>\$1300.00</u>

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).

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FINANCIAL AGREEMENT - STEPPING STONES AFTERNOON CLASS

This agreement will exist for the full length of time your child is in our Rainbow 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 7th 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

3 days/week

September	160.00	February	160.00	September	230.00	February	230.00
October	160.00	March	160.00	October	230.00	March	230.00
November	160.00	April	160.00	November	230.00	April	230.00
December	160.00	May	160.00	December	230.00	May	230.00
January	160.00	June	<u>160.00</u>	January	230.00	June	<u>230.00</u>
	Yearly Total		\$1600.00		Yearly Total		\$2300.00

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).

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:** _____