

## **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](mailto:general@spcdc.ca) Website: [www.spcdc.ca](http://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 1<sup>st</sup>**.

Paperwork can be sent in by the following ways:

- Email: [general@spcdc.ca](mailto: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

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9001-10<sup>TH</sup> Street, Dawson Creek, BC V1G 4T1 Phone: (250) 782-1161 Fax: (250) 782-4487

Email: [general@spcdc.ca](mailto:general@spcdc.ca) Website: [www.spcdc.ca](http://www.spcdc.ca)

## REGISTRATION FORM

Today's Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_  
First Last

Date of Birth: \_\_\_\_\_ (Month/Day/Year) Gender: M \_\_\_\_\_ F \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Postal Code

Email: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Check the class you want your child to attend. Please indicate 1<sup>st</sup> and 2<sup>nd</sup> choice –  
Welcome to place your child on the waitlist if the class is Full

Sunshine 3 year old Program (born 2017)

Rainbow 4 year old Program (born 2016)

- Monday Wednesday 9:15 to 11:45pm
- Tuesday Thursday 9:15 - 11:45 pm
- Tuesday Thursday 1:00 – 3:30 pm

- Monday Wednesday 9 to 12 pm
- Tuesday Thursday 9 to 12 pm
- Tuesday Thursday 1 to 4 pm
- Optional extra day Friday 9 to 12 pm

Emergency Contacts - The list below will be contacted if we are not able to reach the parent /guardian

1. \_\_\_\_\_  
Name Home # Cell #

2. \_\_\_\_\_  
Name Home # Cell #

Persons authorized to pick up child -other than parents/guardians:

1. \_\_\_\_\_  
Name Telephone # 's Relationship to child

2. \_\_\_\_\_  
Name Telephone # 's Relationship to child

3. \_\_\_\_\_  
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?

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**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 / Instagram 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 - we accept cash, cheque or debit.

**REGISTRATION CHECKLIST:**

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

1. *Registration Form*
2. *Immunization Records ( we know this request can take time from Public Health – please submit asap)*
3. *Emergency Contact Sheet*
4. *Financial Agreement*
5. *\$30 one time registration fee for children new to the SPCDC preschool program*
6. *First month's preschool fee : non-refundable*

*You will receive a confirmation of enrollment once all paperwork has been processed.*

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**FINANCIAL AGREEMENT - RAINBOW 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 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	160.00	February	160.00
October	160.00	March	160.00
November	160.00	April	160.00
December	160.00	May	160.00
January	160.00	June	<u>160.00</u>
<b>Yearly Total</b>		<b>\$1600.00</b>	

**3 days/week**

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

## 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:** \_\_\_\_\_