



SOUTH PEACE CHILD DEVELOPMENT CENTRE

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

Phone: (250) 782-1161 Fax: (250) 782-4487 Toll Free 1-855-782-1160

Email: general@spcdc.ca Website: www.spcdc.ca Facebook: [southpeacecdc](https://www.facebook.com/southpeacecdc)

Welcome Preschool Parents!

Thank you for your interest in our Preschool Program. Please visit our website at www.spcdc.ca to review the **Preschool Handbook** as it will provide lots of information about our Preschool. You will also find a **Q&A Document** for commonly asked questions on the website.

The preschool spaces will be filled first by our waitlist and then on a 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:

Complete and Return the following:

- Registration Forms
- Emergency Contact Sheet
- Financial Agreement
- Credit Card Authorization Form (OPTIONAL to have monthly fees automatically withdrew)

- 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)
- \$30 one-time registration fee for children new to the SPCDC Preschool Program
- First month's Preschool Fee (Non-Refundable)

*Please note that your child's spot in a Preschool Class is **not** secured until all the above checklist is completed. Payments must be made in-person at the front office. Please review the financial agreement attached for payment details.*

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 and payment(s) have been received.



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PRESCHOOL REGISTRATION FORM

Rainbow Classroom – September 2022

Today's Date: _____

Child's Name: _____

Date of Birth: _____ First _____ Last _____
Gender: M _____ F _____

Home Telephone Number: _____ Email: _____

Mother/Guardian Name: _____ Cell Number: _____

Father/Guardian Name: _____ Cell Number: _____

Address: _____
Street _____ City _____ Postal Code _____

Please place ✓ beside your first choice & #2 beside your second choice.

3 and 4-Year-old combined Preschool Program (born 2018-2019)

Monday/Wednesday/Friday Morning Class -9:00am -12:00pm - \$240.00

Monday/Wednesday Afternoon Class -1:15pm - 4:15pm - \$168.00

Classroom selection will be **first come first serve** so please return this registration package to the front office as soon as possible indicating your choices. You will receive confirmation call for your child's enrollment within 2 weeks of applying.

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 #

3. _____
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 Information:

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 / 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 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. *Credit Card Authorization (Optional to have monthly fees automatically withdrew)*
6. *\$30 one-time registration fee for children new to the SPCDC preschool program*
7. *First month's preschool fee: non-refundable*
8. *You will receive a confirmation of enrollment once all paperwork has been processed.*

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FINANCIAL AGREEMENT - 2022-2023 PRESCHOOL 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) We also accept cash and debit at the front office with no additional charge.
- 4) If you choose to pay with credit card: There will be a 2% convenience fee added to the payment.
- 5) ALL Payment types are due on the 1st of the month and must be made no later than the 7th of each month.
- 6) It is your responsibility to ensure that all subsidies are in place for your child's program. It is also your responsibility to cover any expense not covered by subsidy.
- 7) If you are withdrawing your child, you must notify us by the 15th of the previous month. As we **do not** pro-rate monthly fees.
- 8) If you notify us of your child's withdraw later than the 15th of the previous month: You will be charged a "late notice fee" of \$100.00
- 9) 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).
- 10) If tuition fees are 30 days overdue, your child's space will be given up to the waitlist.
- 11) 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	168.00	February	168.00
October	168.00	March	168.00
November	168.00	April	168.00
December	168.00	May	168.00
January	168.00	June	<u>168.00</u>
Yearly Total		\$1680.00	

3 days/week

September	240.00	February	240.00
October	240.00	March	240.00
November	240.00	April	240.00
December	240.00	May	240.00
January	240.00	June	<u>240.00</u>
Yearly Total		\$2400.00	



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Preschool Credit Card Authorization Form

Date: _____

I, _____, hereby authorize the following selected monthly payment of:

-Please **initial** in the box beside the appropriate monthly fee for your child's class selection.
Must reflect the monthly fee on your financial agreement, on the previous page-

Initial (1 box only)

\$ 168.00 fee + 2% (credit card convenience charge) = **\$171.36 Total Monthly Charge \$**

\$240.00 fee + 2% (credit card convenience charge) = **\$244.80 Total Monthly Charge for**

Preschool Fees on the 1st of each month for _____
(Childs Name)

attending _____ **on** _____
(Classroom) (days/times attending)

Please select which type of credit card you are authorizing and provide the card information.

VISA

MASTERCARD

Card No.: _____

Expiry Date: _____ CVC: _____

Signature: _____

Phone number: _____

For office Use Only:

September _____

October _____

November _____

December _____

January _____

February _____

March _____

April _____

May _____

June _____