



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!

See our website to review our preschool family handbook and frequently asked questions.

Your checklist for preschool registration is as follows:

Complete and return the following:

- Registration package
- Immunization records (if applicable)
- \$30 one-time registration fee for children new to the preschool program (non-refundable)
- First month's preschool fee (non-refundable)
- Picture of your child's face emailed to general@spcdc.ca for licensing requirements. This photo will NOT be shared and will be used for emergency purposes and name tags in the preschool.

*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

Preschool Program

Monday/Wednesday 8:45AM to 11:45AM (\$185/month)

Monday/Wednesday 12:45PM to 3:45PM (\$185/month)

3 classes/week available for children born in 2019 (4 year olds) upon availability.

Friday 8:45AM to 11:45AM (\$264.00/month)

Fees may be reduced in September 2023 through our successful application to the Fee Reduction Initiative Program through the Government of British Columbia.

At this time, we anticipate the reduction to be \$19 for two days/week and \$28 for three days/week per month.



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PRESCHOOLREGISTRATION FORM

2023 - 2024

Today's Date: _____

Child's Name: _____

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

Home Telephone Number: _____ Email: _____

Parent/Guardian Name: _____ Cell Number: _____

Parent/Guardian Name: _____ Cell Number: _____

Address: _____
Street _____ City _____ Postal Code _____

Childs 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 if applicable.

Does your 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?

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 a child be released to anyone without *written* authorization from parent /guardian – this is required by our License.

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, and/or posted on our website/ Facebook /Instagram page.

Yes _____ No _____
Signature (parent/guardian)

I have read and understand the guidelines and expectations written in the 2023 edition of the Preschool Family Handbook.

Signature (parent/guardian)

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FINANCIAL AGREEMENT: 2023-2024 PRESCHOOL CLASS

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) \$30 one-time registration fee and first month of preschool is non-refundable.
- 2) Preschool fees are annually based and then divided into 10 months. We do not pro-rate monthly fees.
- 3) We accept cash, debit, credit, and cheque.
- 4) If you choose to pay with cheque: Cheques must be dated the 1st of each month. Please note there will be a \$20.00 charge on all NSF cheques.
- 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 childcare benefits are in place for your child's program. It is also your responsibility to cover any expense not covered by the benefit.
- 7) If you are withdrawing your child, you must notify us by the 15th of the month prior. If this is not completed, you will be charged.
- 8) 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).
- 9) If tuition fees are 30 days overdue, your child's space will be given up to the waitlist.
- 10) If you require financial assistance to attend preschool, please speak with Kim Hughes, 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	185.00	February	185.00
October	185.00	March	185.00
November	185.00	April	185.00
December	185.00	May	185.00
January	185.00	June	<u>185.00</u>
Yearly Total		\$1850.00	

3 days/week

September	264.00	February	264.00
October	264.00	March	264.00
November	264.00	April	264.00
December	264.00	May	264.00
January	264.00	June	<u>264.00</u>
Yearly Total		\$2640.00	

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Preschool Credit Card Authorization Form

Date: _____

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

Please *initial* the box next to the appropriate monthly fee for your child's class selection.

Fees may be reduced in September 2023 through our successful application to the Fee Reduction Initiative Program through the Government of British Columbia. At this time, we anticipate the reduction to be \$19 for two days/week and \$28 for three days/week per month.

Initial (1 box only)

\$185.00 fee (subject to change with notice).

\$264.00 fee (subject to change with notice).

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

attending on _____.
(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: _____

Phonenumber: _____

Emergency Information for SPCDC Preschool Program

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

Child's Name: _____

Date of Birth: _____

Address: _____

Parent Name: _____

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

Parent Name: _____

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

Emergency Contact Name: _____

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 is not on site at the time of transport, SPCDC staff will accompany to the hospital and wait until the parent/guardian arrives. 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: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____