



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

Welcome Preschool Parents/Guardians!

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

Checklist for preschool registration

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. It will be used for emergency purposes and name tags in 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 the following ways:

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

Preschool Program

- ☐ Tuesday/Thursday 9:00AM to 11:30AM: 3 year-old class (\$170/month)
- ☐ Tuesday/Thursday 12:45PM to 3:45PM: 4 year-old class (\$170/month)

Our successful application to the Fee Reduction Initiative through the Government Of British Columbia has resulted in reducing fees from \$190 to \$170 per month.



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PRESCHOOL REGISTRATION FORM

2025-2026

Today's Date: _____ (mm/dd/yyyy)

Child's First Name: _____ Child's Last Name: _____

Date of Birth: _____ (mm/dd/yyyy) Gender: M ____ F ____

Home Telephone Number: _____ Email: _____

Parent/Guardian Name: _____ Cell Number: _____

Parent/Guardian Name: _____ Cell Number: _____

Address: _____

Street

City

Postal Code

Child's 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/Guardian Signature)

A photocopy of immunizations must be available to complete registration if applicable.

Does your child have any allergies? Yes ____ No ____

To: _____

If yes, how does it usually manifest? _____

Is your child on any medication? Yes ____ No ____

If yes, please specify: _____

Is this your child's first community programming without a parent/guardian present? Yes ____ No ____

Can you please tell us how your child manages separating from you? _____

What does your child love to do (play with other children, build things, imaginative play)? _____

Do you have any concerns or areas that may need additional skill development based on your child's age? _____

Is there other children / sibling in your home? Yes _____ No _____

What are your plans for your child in the Fall of next year? _____

Are there any cultural beliefs, traditions, or other information you feel we should know about, or that may affect your child's participation? _____

To be successful in our program children need to be ready to transition with minimal support and settle into activities after a brief period of time.

If your child is finding our preschool curriculum too difficult, we will have a conversation with you on other referrals through the SPCDC or a referral to our Supported Child Development program for extra staffing support.

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

Name	Home #	Cell #

Persons authorized to pick up child. (Other than parents/guardians)

Name	Telephone #	Relationship to child

Under NO circumstances will a child be released without *written* authorization from a parent/guardian

Centre Activities:

I hereby grant permission for my child to leave the Child Development Centre, under the supervision of staff members for walks and 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 _____ Parent/guardian signature: _____

I give permission for the staff of the Child Development Centre to take pictures/videos of my child while taking part in the program. These photos may be displayed in the classrooms, sent home with children, and/or posted on our website/Facebook/Instagram page.

Yes _____ No _____ Parent/guardian signature: _____

I have read and understand the guidelines and expectations written in the 2025 edition of the Preschool Family Handbook. Parent/guardian signature: _____



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Financial Agreement: 2025-2026 Preschool Class

It's our goal to keep tuition affordable, while maintaining the standards of programming in the face of rising costs. We would like you to know the following:

1. A \$30.00 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* prorate monthly fees.
3. We accept cash, debit, credit card and cheque. We currently do *not* accept e-transfer.
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. Payment is 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 application to the Affordable Child Care Benefit Program and that all childcare benefits are in place for you child's program. Any outstanding balance not covered by the benefit is the responsibility of the parent/guardian to pay.
7. If you are withdrawing your child from preschool, you must notify us by the 15th of the month prior. Failure to do so will result in being charged the monthly fee.
8. We do *not* issue monthly invoices and will print payment receipts upon request. We *will* issue a statement of account upon request at the end of the year.
9. If your tuition fees are 30 days overdue, your child will be removed from Preschool.
10. If you have enrolled in the Affordable Child Care Benefit Program and continue to have financial concerns, please speak with the Executive Director, Kim Hughes.

I have read the above information and agree to this financial agreement.

Date: _____ Parent/Guardian Name: _____

Signature: _____

Child's Name: _____ DOB: _____ (mm/dd/yyyy)

Preschool fees for the current school year are as follows.

(Subject to change with notice.)

2 days/week

September	\$170.00	February	\$170.00
October	\$170.00	March	\$170.00
November	\$170.00	April	\$170.00
December	\$170.00	May	\$170.00
January	\$170.00	June	\$170.00

Yearly Total \$1700.00



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CHILD CARE BENEFIT

As your child is registered in a licensed preschool, you may be eligible for financial support through the Affordable Child Care Benefit (ACCB). The monthly preschool payment is then reduced from your SPCDC fee. The preschool fees are still required to be paid in full until the ACCB is approved.

Apply online at <https://www2.gov.bc.ca/gov/content/family-social-supports/caring-for-young-children/child-care-funding/child-care-benefit> or scan the QR code at the bottom.

All applications for the ACCB must be completed online. If you need a Special Needs Supplement form, please see Angela Chisholm, Director of Early Intervention.

Do you need help applying? Visit the CCRR at Suite 117, Co-Op Mall, 10200 – 8th Street, Dawson Creek, B.C where they can help with the application process.



Scan to apply for CCB.



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Preschool Credit Card Authorization Form

Date: _____

I, _____,

hereby authorize the following monthly payment of: \$170.00

(subject to change with notice).

For Preschool Fees on the 1st of each month for _____,

(Child's Name)

attending on _____.

(days/times attending)

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

☐ Visa ☐ Mastercard

CC # _____

Expiration Date: _____ CVC: _____

Signature: _____

Phone Number: _____

Please note if the 1st of the month falls on a weekend or holiday, fees will be processed the following business day.

Emergency Information for SPCDC Preschool Program

The information on this sheet will be used if the 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/Guardian Name: _____

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

Parent/Guardian 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 them 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 incurred during this transport will be the responsibility of the parent/guardian.

Parent/Guardian Name: _____

Signature: _____ Date: _____