

 $9001-10^{TH}$ 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 an	d return the following:
. \square	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 <u>not</u> 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 <u>not</u> 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) Ger	nder: M F
Home Telephone Number:	Email:	
Parent/Guardian Name:	Cell N	lumber:
Parent/Guardian Name:	Cell N	lumber:
Address:		
Street	City	Postal Code
Child's Information:		
Child's Medical Number	Provinc	ce
Are all immunizations up to date?		
If No, please sign the following:		
I have chosen <u>not</u> to immur	nize my child.	
	(Parent/G	uardian Signature)
A photocopy of immunize	ations must be available to complete	e registration if applicable.
Does your child have any allergies To:		
If yes, how does it usually manife		
Is your child on any medication?	Yes No	
If yes, please specify:		
Is this your child's first communi		
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 thin	ngs, imaginative play)?			
Do you have any concerns or areas that me	·	velopment based on your			
Is there other children / sibling in your ha	ome? Yes No				
What are your plans for your child in the	Fall of next year?				
Are there any cultural beliefs, traditions, or that may affect your child's participati	•				
To be successful in our program children and settle into activities after a brief per	· · · · · · · · · · · · · · · · · · ·	ition with minimal support			
If your child is finding our preschool curryou on other referrals through the SPCDO program for extra staffing support.					
Emergency Contacts - The list below will be co	ontacted if we are not able t	o reach the parent/guardian.			
Name	Name Home# Cell#				
Persons authorized to pick up child. (Other the	<u> </u> an parents/auardians)				
Name	Telephone #	Relationship to child			
Under NO circumstances will a child be rele	eased without <i>written</i> authoriza	ation from a parent/guardian			
Centre Activities:					
I hereby grant permission for my child to leave the	•	•			
members for walks and field trips in an authorized	, ,	ation S57-111, children must now			
have a picture of themselves attached to their file YesNo Parent/guardian sig					
, w 1 40 1 di 611/ guai diari 319	, w.a. 0.				

I give per	mission for t	he staff of the Child Development Centre to take pictures/videos of my child while taking
part in th	e program. T	hese photos may be displayed in the classrooms, sent home with children, and/or posted on our
website/l	Facebook/In	stagram page.
Yes	No	Parent/guardian signature:
		stand the guidelines and expectations written in the 2025 edition of the Preschool Family ardian 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 15^{th} 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:	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

	,	U/ 11 UU.1	
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-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, $10200 - 8^{th}$ 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,			 	
			ving monthly paymen	of: \$170.00
(subje	ct to change	with not	ice).	
For Pre	eschool Fees	on the 1	st of each month for	
				(Child's Name)
attend	ing on			·
	(day	s/times c	attending)	
Please inform		n type of	credit card you are	authorizing and provide the card
	Visa		Mastercard	
CC # _				
Expira	tion Date: _		CVC:	
Signat	ure:			
Phone	Number:			

Please note if the 1^{st} 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:		
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/Allerg	gies:	
	Medical Emerger	ncy Consent
them notify a parent/guardian SPCDC staff will accompany to	n. If a parent/guardia o the hospital and wai e the appropriate acti	cy of the SPCDC to call the ambulance and is not on site at the time of transport, the until the parent/guardian arrives. Please on on behalf of your child. Any expense wility of the parent/guardian.
Parent/Guardian Name:		
Signature:	Date:	