



## SOUTH PEACE CHILD DEVELOPMENT CENTRE

9001-10<sup>TH</sup> Street, Dawson Creek, BC V1G 4T1

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

Email: [general@spcdc.ca](mailto:general@spcdc.ca) Website: [www.spcdc.ca](http://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
- \$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](mailto: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 or by filling out the credit card authorization form. Please review the financial agreement attached for payment details.*

Paperwork can be sent in the following ways:

- Email: [general@spcdc.ca](mailto:general@spcdc.ca)
- Fax: 250 782 4487
- Drop off at the front desk.

### Preschool Program

- Wednesday/Friday 9:00AM to 11:30AM: 3 year-old class (\$170/month)
- Wednesday/Friday 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

2026-2027

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)

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 influence 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 2026 edition of the Preschool Parent Handbook on the SPCDC website: <https://spcdc.ca/preschool/> .

Parent/guardian signature: \_\_\_\_\_



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**Financial Agreement: 2026-2027 Preschool Class**

*This agreement is valid for the full length of your child's enrollment.*

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. These fees must be paid when the registration package is returned to secure your preschool spot.
2. Preschool fees are annually based and then divided into 10 months. We do not prorate monthly fees.
3. In the instance of daily charges being refunded to accounts due to staffing challenges or sudden closures. The daily rate is the monthly fee divided by eight.
4. We accept cash, debit, credit card and cheque. We currently do not accept e-transfer.
5. If you choose to pay with cheque: Cheques must be dated the 1<sup>st</sup> of each month. Please note there will be a \$20.00 charge on all NSF cheques.
6. Payment is due on the 1<sup>st</sup> of the month and must be made no later than the 7<sup>th</sup> of each month.
7. 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.
8. If you are withdrawing your child from preschool, you must notify us by the **15<sup>th</sup> of the month prior**. Failure to do so will result in being charged the monthly fee.
9. 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.
10. If your tuition fees are 30 days overdue, your space will be given to the waitlist.
11. 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.**

Fees are reduced through our successful application to the Fee Reduction Initiative Program through the government of British Columbia. (Subject to change without 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 CCR at Suite 117, Co-Op Mall, 10200 – 8<sup>th</sup> 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 to be charged to my credit card (subject to change with notice).

For Preschool Fees on the 1<sup>st</sup> 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 1<sup>st</sup> 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 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 incurred during this transport will be the responsibility of the parent/guardian.

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_