



Heritage
Christian
Preschool

REGISTRATION FORM 2012-2013

COMPLETE AND SIGN ALL FIVE PAGES OF THIS FORM
Please use permanent ink (no pencil). Thank you.

Date rec'd: _____
Reg. Paid: _____
Class(es): _____
Subsidy? Yes ___ No ___
Date started: _____

Child's Name: _____

Complete Address: _____ Postal Code: _____

Home Phone Number: _____ Birth Date: _____ Gender: M F

Names & Birth Dates of Other Children: _____

Church Affiliation: _____

Mother/Guardian: _____ Cell Phone: _____

Mother's email address: _____ Wk. Phone: _____

Father/Guardian: _____ Cell Phone: _____

Father's email address: _____ Wk. Phone: _____

Please indicate who the child lives with: both parents one parent
 legal guardian other than parent parent and step-parent other _____

If there is a custody agreement, please submit a copy with this form.

Details or Comments: _____

Doctor's Name: _____ Doctor's Phone: _____

Child's Care Card Number: _____

In the case of an emergency, *where I, the parent/guardian, cannot be reached*,
I authorize you to contact the following people to pick up my child from preschool.
These people may pick up my child from preschool:

Name	Relationship	Phone Number	May Pick Up Child

Is there any person **NOT** permitted access to the child? _____

I, _____ am available to assist with field trips

I Verify That The Above Information Is Complete And Accurate.

Parent/Guardian Signature: _____ Date: _____

HEALTH HISTORY

Immunization History

(Please attach a **photocopy** of your child's records **or** list the actual dates here)

DTaP-HB-IPV-Hib (1) _____ (2) _____ (3) _____

DTaP-IPV-Hib (1) _____ PCV 13 (1) _____ (2) _____ (3) _____

MMR (1) _____ (2) _____ Men-C (1) _____ (2) _____

CHICKEN POX _____ Flu (1) _____ (2) _____ (3) _____

OTHER _____

OR My child is not immunized (please initial) _____

Is Your Child Subject To: (Yes or No)

Colds: _____ Bronchitis: _____ Sore Throats: _____ Hay Fever: _____

Asthma: _____ Bleeding Nose: _____ Urinary Infections: _____

Convulsion: _____ Ear Infections: _____ Skin Conditions: _____

Allergies: _____ **If YES to allergies, what kinds (please list):** _____

Other Medical Problems: _____

Is Your Child On Medication? If Yes, State Kind: _____

Does Your Child Have Any:

Vision, Hearing, or Speech Concerns? _____

Learning/ Physical Concerns? _____

Emotional/ Behavioural Concerns? _____

Is Your Child On A Special Diet? _____

Is Your Child Toilet Trained? _____

Have There Been Any Significant Changes In Your Child's Life In The Past Year? (e.g. Death, Separation, new baby, etc.) _____

Is There Any Additional Information That Would Help Us To Relate To Your Child: Food Likes And Dislikes, Security Items, Fears, Religious or Cultural Observations: _____

****Please Note That All This Information Is Strictly Confidential**
I Will Notify the Caregiver Immediately If There Are Any Changes To The Above.**

Parent/Guardian Signature: _____ Date: _____

AGREEMENT- Heritage Christian Preschool

Parent/Guardian Name: _____ Date: _____

Starting Day: _____ Withdrawal Date: _____

Please indicate First and Second Choice of classes: (Mornings: 8:30 - 11:15; Afternoons: 12:15 - 3:00)

_____ Mon. & Wed. Mornings _____ Tues. & Thurs. Mornings _____ Friday Morning
_____ Mon. & Wed. Afternoons

* I am applying for B.C. government subsidy Yes _____ No _____

* I agree to make payments of \$ _____ per (month) to be paid through Pre-Authorized Debit, September through June. (See fee schedule and financial policies on the next page.)

* I, the undersigned, will be *prompt* in bringing my child to the preschool at the beginning of class and picking the child up at the end of the class. Any time over and above the agreed hours of care is charged as overtime and payable to the staff on hand (see details in the Parent Handbook).

* In the event of absenteeism due to illness, vacation, etc., not initiated by the preschool, I understand I am still responsible for full payment unless a **written** arrangement is made **one month** in advance.

* I will not send my child to the preschool if my child is ill (see Health and Safety, 1, in the Parent Handbook) and I will notify the preschool as soon as possible if my child has come in contact with a communicable disease.

* In case of accident or illness, I authorize the teacher to contact a physician and/or ambulance if the parent or guardian can not be reached immediately.

* I will accept responsibility for the ambulance fee for my child.

* In the case of a teacher emergency/absentee, I authorize a substitute caregiver for my child.

* I authorize the teacher to administer to my child **ONLY** medication as prescribed by my physician, and/or provided by me, and provided in the original labelled container. This will be recorded on a medicine administration chart.

* I give permission for my child to participate in spontaneous walking trips with the caregiver:

YES NO

* I give permission for my child's photograph to be taken, and possibly used for general advertising of the preschool.

YES NO

* There will be an initial adjustment period of **FOUR** weeks. It is the teacher's responsibility to let the parent know if the child seems unhappy or if the arrangement is unsatisfactory for some other reason.

* I have read the parent handbook and understand the policies outlined therein.

This agreement can be terminated by either the parent or preschool. Termination of this agreement requires **one month** written notice by either party. Withdrawal forms are available in the preschool.

**I Have Read and Agreed To The Above Information
I Will Notify The Caregiver Immediately If There Are Any Changes To The Above.**

Parent/Guardian Signature: _____ Date: _____

FINANCIAL POLICIES

Registration Fee

The registration fee is \$25.00. This is a one-time fee per child, is non-refundable and must accompany this form. If two or more children from the same family attend in the same year, only one fee is collected.

Tuition

School runs from September to June. Tuition is based on a yearly fee broken into 10 equal monthly payments. Tuition may be pre-paid at any time.

	One class only per week	Two classes per week	Three classes per week
Yearly fees	\$550.00	\$1100.00	\$1550.00
Monthly fees <i>Sept. - June</i>	\$55.00	\$110.00	\$155.00

Families with more than one sibling enrolled in the same year, or for one child in multiple classes, the tuition is reduced by \$10.00 per month for the additional number of days attending per week. For example: for two children attending two classes per week, the monthly tuition is reduced for the second child by \$20.00 for a total of \$200.00.

Note: The monthly tuition represents payment for each calendar month, September through June, regardless of the number of school days in the month.

Tuition is payable through Pre-Authorized Debit. This will be automatically debited from your account on the 21st of each month: September 21st, 2012 through June 21st, 2013. ***PAD forms including a void cheque must be completed and submitted along with this registration form.*** Any changes to the automatic debit must be made by the 10th of the calendar month in which you want the change to occur. For other payment options contact the director. There is a \$30.00 fee for all returned payments/cheques. All fees are to be given to the director or to the preschool manager.

Arrangements for late payments must be made in **writing** to the director. If arrangements are not made and fees are not collected by the twentieth of the month, notice will be given to withdraw the child by the end of the month.

Government Subsidy

B.C. Government Subsidy for preschool is available for lower and middle income families. Check with your social worker or go to the child care subsidy eligibility evaluator at <http://www.childcaresubsidy.gov.bc.ca/ChildCareSubsidyEvaluator/Step00.aspx> to *estimate* if you qualify for subsidy and to print all the forms for applying. Having children attend preschool is a priority in government funding.

Subsidy is based on family income and is assessed on an individual basis. Subsidy application forms are available at the Kelowna Child Care Resource and Referral (Tel: 250.762.3536) or visit their website at www.kelownachildcare.com; online at <http://www.mcf.gov.bc.ca/childcare/application.htm> or by calling 1.888.338.6622. Caregiver Information forms (Child Care Subsidy Child Care Arrangement forms) must be completed by the preschool.

If you will be applying for subsidy, inform the preschool director immediately.

Authorization for subsidy must be received **before** the first day of school. If it is not available, full payment must be made and, when authorization is received, may either be reimbursed or applied to the remaining account.

Subsidy renewal is the responsibility of the parent/guardian. If subsidy is not renewed on time, full payment must be made and, when authorization is received, may either be reimbursed or applied to the remaining account. Full payment for days not covered by subsidy is required.

Late Pick Up Fee

Any time over and above the allotted class time, is charged as **overtime**. The fee is \$10.00 if you are more than 5 minutes late to pick up your child. If you are more than 15 minutes late, you must pay the teacher \$20.00 and so on per 15 minutes (natural disasters excluded). 5-15 min. = \$10; 15-30 min. = \$20; 30-45 min. = \$30, etc. This is payable directly to the teacher on hand.

The teacher will first attempt to call the parents/guardians, and then the emergency contacts on the registration form. If the child is not picked up within 60 minutes, the teacher is required by law to contact the Ministry of Children and Family Development to take the child.

Absentee

If your child is absent for any reason, please notify the Preschool as soon as possible. You are responsible to pay for the days your child is registered.

Withdrawal

Termination of care requires **one month's** written notice by either party (except in the case payments are not made, see note under Tuition). Withdrawal forms are available at the Preschool.

I agree to the above stated Financial Policies.

Parent/Guardian Signature: _____ Date: _____

PERSONAL INFORMATION PRIVACY PROTECTION

In compliance with the Federal government's Personal Information Privacy and Electronic Documents Act (PIPEDA, governing the collection, use, retention and management of individual's personal information), Heritage Christian Preschool is committed to protecting the confidentiality of your personal information.

We require your personal information for the following purposes:

- * Program planning and implementation, to meet the needs of your child
- * Billings and year end tax receipts
- * Building our clientele
- * Occasional class lists
- * BC Government, Child Care Programs and Services Branch, for funding purposes, etc.
- * It is to be used within the Kelowna Christian Center Society only and for Health Care Officials and extra care providers, i.e. Child Development Center, Supported Child Care, etc.

Heritage Christian Preschool will not collect, use or distribute your personal information beyond the above-mentioned purposes without your consent unless required by law. Your personal information is available to you at any time. **Please keep your information as up to date as possible in the event of an emergency.**

If you have any questions or concerns regarding the privacy of your information, please contact the preschool manager or director.

If you wish to opt out of any of these uses, please notify the preschool in writing.

I give permission for Heritage Christian Preschool to use my personal information for the above stated purposes.

Signature: _____ Date: _____

How Did You Hear About The Preschool?

Yellow Pages: _____ Website: _____ Church (name): _____ Road Sign: _____

Friend with Child in the Preschool (Name): _____ Other (please specify): _____