

CHERRY LANE PRESCHOOL REGISTRATION

15100 - 66A Avenue Surrey, B.C. V3S 2A6

School Office / Preschool: 604 - 599 - 8171

Fax: 604 - 599 - 8175

Website: www.regent.bc.ca Email: eviswasam@regent.bc.ca

PRESCHOOL CLASSES AND FEES ARE AS FOLLOWS:

Class Preferred: (Please tick ✓ in the box)

- Non-Refundable Registration Fees: \$40.00 + First Month's Fee**
- 4 -Yrs- Old:** 3day program - Mon., Wed. & Fri. **(8:45 – 11:15 A.M)** - \$145.00
- 4 -Yrs- Old:** 3day program - Mon., Wed. & Fri. **(12:00 – 2:30 P.M)** - \$145.00
- 3 -Yrs-Old:** 2day program - Tues. & Thurs. **(8:45 – 11:15 A.M)** - \$105.00
- 3/4 -Yrs- Old:** 2 day program - Tues. & Thurs. **(12:00 – 2:30 P.M)** - \$105.00

Dear Parents,

The following items are required at time of registration.

- A non- refundable **\$40.00** registration fee and the **first month of enrollment fee** (September *or from the first month your child starts preschool*). Make all cheques payable to *“Regent Christian Academy”*
- A void cheque for remaining months (*starting October to June*)
- A photocopy of your child's Immunization Record.
- A photocopy of your child's Care Card Numbers (**or, write the numbers clearly on the registration form**).
- A snapshot or any recent photo of your child
- Please fill out the Registration Forms in the next pages (1 – 4)

REGISTRATION FORM

Child's Information

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Other Children Living at Home:

<u>NAME</u>	<u>AGE</u>	<u>RELATIONSHIP</u>
_____	_____	_____
_____	_____	_____

Please tick ✓ and answer the followings:

Do you have any other children attending Regent Christian Academy? YES: _____ NO: _____

Do you attend church? NO: _____ YES: _____ Name of the church: _____

How do you hear about our preschool? Yellow Pages: _____, Newspapers: _____, Flyers: _____,
Website: _____, Word of mouth: _____, others: _____

Who looks after your child during the days? _____

Does your child have any special interests? _____

SOCIAL, EMOTIONAL AND BEHAVIOUR:

Has your child had previous group experience? Daycare: _____ Preschool: _____ Sunday school: _____
Others: _____

Does your child prefer to play alone _____, with playmates _____, with siblings _____, with adults _____?

Does your child have any fears _____, anger easily _____, prefer to be alone _____?

What is your child's energy level? High / Hyper _____ Average _____ Calm _____ Shy _____.

How would you judge your child to be easily managed _____, fairly managed _____, difficult to manage _____?

Do you have any concerns about your child's present behaviour? _____

What are you expecting your child to learn at preschool? _____

REGISTRATION FORM
Child's Health Information

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Child's Personal **Health Care Card Number:** _____

Family Doctor/ Clinic's Name: _____ Phone: _____

Family Dentist's Name: _____ Phone: _____

Allergies: YES _____ NO _____ (If yes, please list materials or products to avoid and any special instruction in the event of an allergic attack). *Also fill out the Medical Consent Form.*

Is your child subject to any of the followings (please be specific):

Speech Difficulties: _____

Asthma: _____

Diabetes: _____

Others: _____

Past Illnesses: (Please Tick ✓ in the box)

Chicken pox: _____, Measles _____, Mumps _____, Rheumatic fever _____, Whooping cough _____

CHILD IMMUNIZATION STATUS DECLARATION: (Please Tick ✓ in the box)

YES, I have attached my child's Vaccinations Record NO, my child has no vaccinations

YES, my child has some vaccinations Received Immunization in:

Year of last vaccine City Province (If not in Canada, include country)

Vision & Hearing:

Has your child had a vision test? YES: _____ NO: _____

Has your child had a hearing test? YES: _____ NO: _____

REGISTRATION FORM
Parent's Permission & Agreement

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Monthly Fees / Pre-Authorized Payments:

I understand there will be NO REFUND on monthly fees or any portion regardless of sickness, school holidays, or family vacations.

Cancellation / Withdrawal Notice:

I agree to give one full month (30 days) notice of cancellation/ withdrawal of my child from preschool and I will notify Regent Christian Academy Office /Cherry Lane preschool's Manager to stop payments.

Medical Emergency:

I give permission to have my child treated by a physician for medical or surgical care and to be transported to the nearest emergency service by ambulance or the staff, if an unexpected emergency arises. I acknowledge the payment of ambulance fee is my (parent's) responsibility.

I GIVE PERMISSION FOR MY CHILD TO TAKE PART IN THE FOLLOWING:

Please tick ✓ in the box and sign where indicated:

- Field trips / Nature walks (around neighbourhood)
- Class Picture / Photographs
- General health check by the public health unit
- Written observation or pictures by students enrolled in ECE (Early Childhood Education programs).

- I have read and understood the policies and procedures of Cherry Lane Preschool.

Parent's Signature: _____

Date: _____