

**Centennial Christian School - Terrace
Preschool Registration Form**

Child's Full Name: _____

Name child responds to: _____

Date of Birth (mm/dd/yy): _____ Male: ____ Female: ____

A copy of the child's birth certificate must be attached to this registration

Home Address: _____

Postal Code: _____

Phone Number: _____ E-mail address: _____

Person(s) with whom the child lives:

What language is spoken at home? _____

Parents/Guardians:

Mother/Guardian Name: _____

Home phone: _____ Cell phone: _____

Place of work: _____ Business phone: _____

Father/Guardian Name: _____

Home phone: _____ Cell phone: _____

Place of work: _____ Business phone: _____

Names of brothers/sisters: _____ Age: _____

_____ Age: _____

_____ Age: _____

Has child previously attended a day care/preschool program?

Yes ____ No ____ Name of facility: _____

Person(s) Authorized to Pick Up Child

I give permission for the following people to pick up/deliver my child,
_____ from preschool: (adults only)

(child's name)

- 1. _____ Relationship: _____ Phone: _____
- 2. _____ Relationship: _____ Phone: _____
- 3. _____ Relationship: _____ Phone: _____

Is there a custody agreement in place? If yes, please give a copy of this information to the office? _____

Health Record

Family Doctor: _____ Phone: _____

Care Card Number: _____

Is your child immunized? _____

Allergies? _____ If yes, list: _____

Any other medical problems? _____ If yes, list: _____

Does your child have any vision, hearing or speech concerns?

Any learning/physical or behavior/emotional concerns?

Your child must be toilet trained in order to attend Preschool.

Alternative person to call in case of emergency:

(This person would be called if parents were not able to be reached)

Name: _____ Phone: _____

I give my consent for the staff of Centennial Christian School to seek emergency medical attention or call an ambulance for my child if necessary, in the event that I am unable to be contacted. I will be responsible for any charges that may result if an emergency shall arise.

Consent for emergency medical treatment: _____

(Parent's Signature)

I give permission for my child to be photographed/video taped for classroom usage of general advertising for the preschool

(Parent Signature)

_____ I wish to enrol my child in the 2 day per week program (\$100)

_____ I wish to enrol my child in the 3 day per week program (\$135)

_____ I wish to enrol my child in the 4 day per week program (\$180)

_____ I wish to enrol my child in the 5 day per week program (\$225)

Would you like to know more about becoming a Centennial Christian School Society member?

Yes _____ No _____

Method of Payment (please choose one)

(the first month's non-refundable payment must accompany this application)

_____ Payment in full in September

_____ 10 post dated cheques

(Parent Signature)

(Date)