

Start Date: _____
End Date: _____

**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 and immunization records
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? _____ If yes, please attach current records

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 behaviour/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)

Check off the class(es) you would like to enrol your child in:

DAYS	TIME	COST /month	√ here
Monday/Wednesday/Friday	8:45 – 11:30 am	\$147	
Monday/Wednesday/Friday	12:30-3:15 pm	\$147	
Tuesday/Thursday	8:45-11:30 am	\$120	
Tuesday/Thursday	12:30-3:15 pm	\$120	

*NOTE: If you are registering your child for 5 days a week, the cost is **\$267**.

Would you like to know more about Centennial Christian School as an option for your child from kindergarten to grade 12?

Yes _____ No _____ Maybe _____

Method of Payment (please choose one)

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

_____ Payment in full in September

_____ Pay by Direct Debit in 10 monthly payments. You will need to include:

- Pre-Authorized Debit Form
- Void cheque or Banking information provided to you by your financial institution

(Parent Signature)

(Date)

Helpful Information

What are your child's favourite activities and or strengths?

What is your child currently working on?

What is the best way to help your child when really upset or frustrated (ie: hug, distraction, time)?____

Is there anything else that would be helpful for me to give your child the best experience while at Preschool or expectation that you may have?
