

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?

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**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

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(Parent Signature)

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

DAYS	TIME	Estimated Cost /month	✓ here
Monday/Wednesday/Friday	8:45-11:30 am	* \$175	
Monday/Wednesday/Friday	12:30-3:05 pm	* \$175	
Tuesday/Thursday	8:45-11:30 am	* \$120	
Tuesday/Thursday	12:30-3:05 pm	* \$120	

\* These prices are for the 2026-2027 school year and are subject to change pending government grant approval.

\*\* NOTE: If you are registering your child for 5 days a week, the cost is \* \$295.

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

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(Parent Signature)

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(Date)

## **Helpful Information**

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

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What is your child currently working on?

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

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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?

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