

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	

* These prices are for the 2023-2024 school year. Prices will be adjusted for 2024-2025.

** 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?



PAYOR'S AUTHORIZATION FOR PRE-AUTHORIZED DEBITS FOR TUITION PURPOSES

Student(s) registered by: Parent's Full Name: _____

Address: _____

Phone: _____

Tuition payor's name & address:

Same as above, or

Payor's name

(given name)

(surname)

(address)

(city)

(province)

(postal code)

Payor's Financial Institution (the Processing Institution)

New applicant, void cheque attached

New applicant, Banking Information Form (you receive from your banking institution)

Monthly Payment Amount:

Tuition: _____

Preschool: _____

Donation: * _____

Total: _____

I would like to pay over: (please check one)

10 months

12 months

***As a school we provide bursaries to families who are in financial need – please consider helping us support those families to be able to continue at Centennial Christian School**

"Train up children in the way they should go, and when they are old, they will not depart from it"

Proverbs 22:6



Payee's name and Address: Centennial Christian School
3608 Sparks St
Terrace, BC
V8G 2V6

- I/We warrant that the provided information is accurate
- I/We will inform the payee, in writing, of any change in the information provided in this section of the authorization 5 business days prior to the next due date of the Pre-authorized debit (the "PAD")
- I/We acknowledge that the authorization is provided for the benefit of the Payee and the Processing Institution agreeing to process debits against my/our account as listed above, (the "Account") in accordance with the Rules of the Canadian Payments Association
- I/We warrant and guarantee that all persons whose signatures are required to authorize withdrawals from the account have signed the authorization below.
- I/We hereby authorize the Payee to issue Pre-Authorized Debits (as defined in Rule H4 of the Rules of the Canadian Payments Association) drawn on the Account, for the following purpose: **Student Tuition at Centennial Christian School**
- I will ensure funds are available for withdrawal on the due date
- I/We acknowledge that the Processing Institution is not required to verify that a PAD has been issued in accordance with the particulars of the Authorization including but not limited to, the amount, Payor's Name, address and financial institution
- I/We may cancel the Authorization at any time upon providing written notice of 30 days to the payee. I/We may obtain a cancellation form, or further information at my financial institution or by visiting www.cdnpay.ca
- I/We may dispute a PAD only under the following conditions:
 1. The PAD was not drawn in accordance with the Authorization. I/We have certain recourse rights if any debits do not comply with this agreement and have the right to reimbursement for any debit that is not authorized and is not consistent with this PAD agreement. I/We have certain recourse rights and can obtain more information only recourse rights by contacting my financial institution or visiting www.cdnpay.ca
 2. The Authorization was revoked. In order to be reimbursed for a PAD in dispute, written notification must be received within one month of the posting of such PAD. I/We have certain recourse rights and can obtain more information on my recourse rights, by contacting my financial institution or visiting www.cdnpay.ca
- **The Payee may issue a PAD once a month on the 20th in the amount of \$_____ from (mm/yy)_____ to (mm/yy)_____.** Additional payments may be processed with prior verbal consent.
- Revocation of the Authorization does not terminate any contract for tuition that exists between me/us and the Payee. The authorization applies only to the method of payment and does not otherwise have any bearing on the contract for services exchanged.
- I/We consent to having the School collect personal information that may include names, addresses, telephone numbers, name of financial institution, bank account numbers and any similar information required for processing tuition payments. I/We further consent to the use and disclosure of information contained in this form and otherwise collected by or on behalf of the School for the purpose of processing tuition payments to the School.

I/We understand and accept the terms of participating in this plan.

Account Signature

(Print Name)

Joint Account Signature (if applicable)

(Print Name)

(Date)