

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:

<b>DAYS</b>	<b>TIME</b>	<b>COST</b> /month	<b>✓</b> <b>here</b>
Monday/Wednesday/Friday	8:45-11:30 am	* <b>\$154</b>	
Monday/Wednesday/Friday	12:30-3:15 pm	* <b>\$154</b>	
Tuesday/Thursday	8:45-11:30 am	* <b>\$126</b>	
Tuesday/Thursday	12:30-3:15 pm	* <b>\$126</b>	

\* These prices are for the 2024-2025 school year and are subject to change depending on government grants.

\*\* NOTE: If you are registering your child for 5 days a week, the cost is \* **\$280**.

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?

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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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