



1661 McCallum Road, Abbotsford, BC V2S 3M4

Phone: 604-852-2541

Website: centralheightspreschool.com

Email: centralheightspreschool@gmail.com

REGISTRATION for 2021-2022

Central Heights Preschool seeks to serve our community families by providing a secure learning environment in which children can continue to explore, experience and evaluate all of life under God. We aim to nurture students in the discovery and development of their abilities and unique gifts so they are enabled to become faithful and creative servants of God and of neighbor, and mindful of the needs of those around them.

Thank you for considering Central Heights Preschool for your child's start to their education. We look forward to getting to know you and your child.

In order to have a successful registration, **all the forms must be complete and all fees must be paid.** Fees can be paid by cheque/cash/e-transfer. With the automatic withdrawal approval form, **we are requiring a void cheque or a paper from your bank with your banking information on it.** If you would prefer to pay for the year in one or two lump sums please speak to our bookkeeper, Linda, to make arrangements and to receive \$20 off of your total fees.

We will send everyone an email in the summer with the Affordable Child Care Benefits form (subsidy). The Preschool must fill out and sign a portion of the form. Application for the benefits to begin September 2021 can be submitted in July 2021. You must pay registration fee, activity fee, and tuition fees until benefits are confirmed.

Thank you and if you have any questions please feel free to call or email us! We look forward to meeting you!

Central Heights Preschool Staff!

REGISTRATION FORM 2021-2022

Registration Form cannot be accepted unless it is complete!

Check off CATEGORY:

#1 <input type="checkbox"/> Returning Student <small>(Children & their siblings that are currently in our preschool)</small>	#2 <input type="checkbox"/> Returning Family <small>(Siblings of children that attended in previous years)</small>	#3 <input type="checkbox"/> New Family <small>(New to our preschool)</small>
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Check off CLASS:

3 YEAR OLD - 2 DAYS A WEEK CLASS			4 YEAR OLD - 3 DAYS A WEEK CLASSES		
	RED class: Tues/Thurs am	9:00-11:00 am		BLUE class: Mon/Wed/Fri am	9:00-11:30 am
4 YEAR OLD – 2 DAYS A WEEK CLASS				YELLOW class: Mon/Wed/Fri pm	12:30-3:00pm
	ORANGE class: Tues/Thurs pm	12:00-2:30 pm			

CHILD'S INFORMATION:

FIRST NAME		LAST NAME	
DATE OF BIRTH (Month / Day / Year)		PLACE OF BIRTH (No birth certificate number needed)	
CHILD'S 1ST LANGUAGE	CHILD'S 2ND LANGUAGE	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
If English is not the 1st language, ENGLISH SPEAKING CONTACT PERSON name & phone number:			

PARENT'S INFORMATION:

[illegible]

IS THE PRIMARY CAREGIVER EMPLOYED? ____ NO ____ YES If yes, who cares for the child(ren) when at work:

FIRST NAME

LAST NAME

PHONE NUMBER

RELATIONSHIP TO CHILD

ARE YOU PLANNING TIME AWAY DURING THE SCHOOL YEAR FOR MORE THAN 2 WEEKS? ____ NO ____ YES

If yes, what are your dates you will be away:

HOW DID YOU FIND OUT ABOUT CENTRAL HEIGHTS PRESCHOOL?

INFORMATION ABOUT YOUR CHILD

What are your child's special interests:

What do you hope your child will gain from preschool:

In what kind of situation will your child need the most help?

Are you aware of any fears or anxieties your child has? If so, what are they?

Has your child had previous experiences away from home: (ie. swimming lessons) ____ NO ____ YES

If yes, list:

Is your child more comfortable with: ____ CHILDREN ____ ADULTS.

Is your child toilet-trained? ____ YES ____ NO If no, please talk directly to the teacher regarding a plan.

Does your child have their immunizations up to date? ____ YES ____ NO.

For your child's age, do you consider your child to be: (circle one) IMMATURE AVERAGE MATURE.

COMPLETE THE FOLLOWING (If your child has any physical, mental or emotional disabilities)

Has your child been referred to a medical specialist? (eye, hearing, allergies) ____ NO ____ YES

What medical information would help us understand your child better (birth complications, allergies, asthma, hearing):

Does the Fraser Valley Child Development Center have a file on your child? ____ NO ____ YES If yes, please explain:

Has your child received any diagnostic testing? (ex. autism, speech) ____ NO ____ YES If yes, explain:

To the best of my knowledge all the above information is correct. I will also inform the Preschool staff of any changes in the above, such as telephone number, address changes, emergency numbers or people living in the home or any other changes.

Parent's (or Guardian's) Signature

Date



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STUDENT EMERGENCY FORM

Care Card Number:			
Family Doctor		Phone number	

CONTACT INFORMATION:

Child's last name: _____ **Child's first name:** _____

Home Address: _____

Date of Birth: _____ / _____ / _____ Gender: Male _____ Female _____
Month Day Year

Father's Name: _____

Home or Cell Phone: _____ Work Phone: _____

Occupation: _____ Employer: _____

Mother's Name: _____

Home or Cell Phone: _____ Work Phone: _____

Occupation: _____ Employer: _____

Person(s) (other than the parents) authorized to pick up child from the Preschool Facility:

#1 Contact Name: _____

Phone number: _____ Relationship: _____

#2 Contact Name: _____

Phone number: _____ Relationship: _____

#3 Contact Name: _____

Phone number: _____ Relationship: _____

I authorize the above named person(s) to pick up my child _____

Parent or Guardian's signature

FIRST AID: Our procedure in cases of emergency, such as sudden illness or serious accident is to apply first aid and contact the home immediately for instructions. In some cases, failure to establish contact with either parent could delay treatment. Only after all reasonable efforts have been made to contact you, we will call your doctor. Only in the most extreme cases will your child be taken to the Hospital.

PARENTAL CONSENT

1) It is the policy of this center to notify a parent when a child is ill or needs medical attention. Occasionally we cannot contact parents and we need to get immediate help for the child. Our procedure is to ensure that the child is taken to the nearest emergency service, either by facility staff or by emergency vehicle.

2) Please sign below so that facility staff can take appropriate action on behalf of your child. Return the signed consent to the center immediately. This consent will accompany the child to the emergency room.

3) I hereby give consent for my child _____ when ill, to be taken to the nearest emergency department by emergency vehicle when I cannot be contacted. Any associated costs incurred as a result of emergency transportation or medication treatment for the child is the responsibility of the child's parent/guardian.

4) I hereby give consent for my child _____ to receive medical treatment.

FIELD TRIPS: My child has my permission to go on any field trip which has been scheduled by the Preschool. I understand that I will be notified in advance of any such trips. If, on the date of the field trip some circumstances should arise that my child cannot go, I understand that there will be no school that day and I will keep my child at home.

Parent or Guardian's signature

IMMUNIZATION & HEALTH: Children attending this Preschool are expected to have had a completed series of Immunizations.

My child: ☐ **NO**, IMMUNIZATIONS are not up to date ☐ **YES**, IMMUNIZATIONS are up to date

MEDICAL CONDITIONS: Forms 22-24 can be emailed to you before school starts or you can get them at the Parent-Teacher meeting in September.

My child: ☐ **NO** MEDICAL CONDITION/ALLERGIES

☐ **YES** my child has a MEDICAL CONDITION/ALLERGIES

If YES, you **MUST** complete the "Medical Alert Planning Form" (**FORM 22**).

If your child needs medication given due to medical condition you must complete:

"Permission to Give Prescription Medication" (**FORM 23**) or

"Permission to Give Non-Prescription Medication" (**FORM 24**).

SEPARATION AND CUSTODY:

☐ This **DOES NOT** apply to our family

☐ This **DOES** apply to our family.

Describe custody arrangement: _____

You need to provide a copy of the separation agreement for your child's file.



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AUTOMATIC WITHDRAWAL PAYMENT FORM 2021-2022

Child's name: _____ Parents: _____

Date Paid: _____

Registration Fee (non-refundable)	\$50.00	<input type="checkbox"/> Cash or <input type="checkbox"/> Cheque	
Activity Fee for 3 year old	\$30.00	<input type="checkbox"/> Cash or <input type="checkbox"/> Cheque	
Activity Fee for 4 year old	\$40.00	<input type="checkbox"/> Cash or <input type="checkbox"/> Cheque	

Please select your child's class.

3 YEAR OLD - 2 DAYS A WEEK CLASS		4 YEAR OLD - 3 DAYS A WEEK CLASS	
RED class: Tues/Thurs AM	\$140 per month	BLUE class: Mon/Wed/Fri AM	\$175 per month
4 YEAR OLD - 2 DAYS A WEEK CLASS		YELLOW class: Mon/Wed/Fri PM	\$175 per month
ORANGE class: Tues/Thurs PM	\$140 per month		

Automatic withdrawal payments are scheduled for the first business day of each month, starting September 1st, 2021.

(See withdraw policy stated on bottom of page).

****Please bring a void cheque (we can photocopy & return) or a print out from your bank showing your information needed below****

Account Holder's Name: _____

Transit/Branch Number:

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Institution Number:

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Account Number:

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I have completed the Registration Form and have included all payment information requested.

Account Holder's Signature: _____ Date: _____

If you need to WITHDRAW after you have registered:

- Registration Fee is non-refundable.
- Withdrawal by **August 31**: No tuition is due and Activity fee will be refunded.
- Withdrawals anytime **September 1st or after**: Tuition will be deposited on the first of the month and is non-refundable. Activity fee will not be refunded.
- One-months notice is required for withdrawals. If a full months notice is not given, the next month's tuition will be required to be paid. (example: Notice given September 10th- October tuition will be required to be paid)

If you are applying for Affordable Childcare Benefits: You must pay registration fee plus tuition fees until benefits are confirmed. ACCB forms should be sent in June for September start. See Preschool teacher for the form needed. (Preschool must fill out and sign portion of the form)

OFFICE USE ONLY:

Date received: _____ Child's start date _____ ☐ Forms completed Reviewed by: _____