

**2018-2019
KILLARNEY PARK PRESCHOOL
REGISTRATION FORM**

NAME OF CHILD: _____ boy girl
(First Name) (Last Name)

Birthdate: 20____ / ____ / ____ Name child responds to: _____
(Year) (Month) (Day)

Address: _____ City: _____ Postal Code: _____

Child's First Language: _____ Second: _____

MOTHER'S NAME: _____ **ENGLISH NAME** (if different): _____

Home #: _____ Cell #: _____ Work #: _____

Days/hours of work: _____ Occupation: _____

FATHER'S NAME: _____ **ENGLISH NAME** (if different): _____

Home #: _____ Cell #: _____ Work #: _____

Days/hours of work: _____ Occupation: _____

EMAIL ADDRESS (Preschool may communicate through email. Please enter **ONE CURRENT** address. Please print.):

Please check the following with whom the child lives:

mom and dad other adults (please list) _____

mom only siblings & other children (please include ages):

dad only _____

please check if there is a custody agreement and attach a copy of the agreement.

Has the child previously attended daycare/preschool?

YES NO If YES, where? _____

Why did your child leave? _____

HEALTH INFORMATION (COMPLETE ONLY IF YOUR CHILD SEES A SPECIALIST):

NAME OF SPECIALIST	PROFESSION/AGENCY	PHONE #
_____	_____	_____
_____	_____	_____

(turn over)

Does your child have:

A medical condition/concern? YES NO

If yes, please provide further information: _____

Allergies? YES NO

If yes, please provide further information: _____

Asthma? YES NO

If yes, please provide further information: _____

Speech or language difficulties? YES NO

If yes, please provide further information: _____

(You may be asked to complete additional forms if you answered yes to any of the above. This health information may be made available to Vancouver Coastal Health.)

INDICATE YOUR CLASS PREFERENCE WITH 1 (FIRST CHOICE) AND 2 (SECOND CHOICE):

4-year-olds (born in 2014)

3-year-olds (born in 2015)

Alligators (M/W/F; 9:15-11:45) \$175.00/mth ___ Ladybugs (M/W; 9:15-11:15) \$115.00/mth ___

Butterflies (M/W/F; 12:45-3:15) \$175.00/mth ___ Monkeys (M/W; 12:45-2:45) \$115.00/mth ___

Dinosaurs (T/Th; 9:15-11:45) \$120.00/mth ___ Penguins (T/Th; 9:15-11:15) \$115.00/mth ___

Elephants (T/Th; 12:45-3:15) \$120.00/mth ___ Rabbits (T/Th; 12:45-2:45) \$115.00/mth ___

B/E (M-F; 12:45-3:15) \$295.00/mth ___ M/R (M-Th; 12:45-2:45) \$230.00/mth ___

(all classes are subject to enrolment; 4 and 5-day afternoon classes have limited spaces)

FEES:

1. **\$40 NON-REFUNDABLE REGISTRATION FEE** required each year, per student, at the time of registration.
2. **FIRST AND LAST MONTHS' TUITION FEES due on or before June 1ST, 2018**, or at the time of registration. Please note that the last month's tuition (June 2019) is non-refundable.
3. **MONTHLY POST-DATED CHEQUES** for the remainder of the school year

Cheques are made payable to **K.P.P.** with the **name** of the child and his/her **class** written on the **memo line on the front** of each cheque. For alternate cash payment plan options, please inquire with the preschool registrar.

WITHDRAWALS:

K.P.P. requires **ONE MONTH'S WRITTEN NOTICE** should you decide to withdraw your child from the program during the school year. **You must withdraw your child by April 1, 2019 in order to be eligible for a refund.** No refunds will be given after April 30th, 2019.

APPLICANT'S SIGNATURE:

I have read and understood the terms of agreement as listed above.

Signature of person providing information Date: ____ / ____ / ____
year month day

OFFICE USE ONLY:

Starting Date: ____ / ____ / ____ Date Finished: ____ / ____ / ____ Staff Initials: ____
YY MM DD YY MM DD

Cash / Cheque # _____ Receipt #: _____ Date paid: _____

Comments: _____