2019-2020
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
□ mom only
□ dad only

□ other adults (please list) _____
□ siblings & other children (please include ages):
_____
_____

□ 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 <u>ONLY</u> IF YOUR CHILD SEES A <u>SPECIALIST</u>):

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 2015)				**3-year-olds (born in 2016)**			
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, 2019**, or at the time of registration. Please note that the last month's tuition (June 2020) is non-refundable.
3. **MONTHLY POST-DATED CHEQUES** for the reminder of the school year **due on or before June 1ST, 2019**, or at the time of registration.

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, 2020 in order to be eligible for a refund.** No refunds will be given after April 30th, 2020.

APPLICANT'S SIGNATURE:

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

_____ **Date:** _____ / _____ / _____
Signature of person providing information **year** **month** **day**

OFFICE USE ONLY:

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

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

Comments: _____

_____