

# 2020-2021 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): \_\_\_\_\_ **Occupation:** \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

**FATHER'S NAME:** \_\_\_\_\_

**ENGLISH NAME** (if different): \_\_\_\_\_ **Occupation:** \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

**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 the year of birth of each child):

☐ 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):****Combined 3 and 4-year-olds (born in 2017 and 2016)**

Alligators	(M/W/F; 9:00-11:30)	\$190.00/mth	_____
Butterflies	(M/W/F; 12:45-3:15)	\$190.00/mth	_____
Dinosaurs	(T/Th; 9:00-11:30)	\$130.00/mth	_____
Elephants	(T/Th; 12:45-3:15)	\$130.00/mth	_____
Butterflies & Elephants **	(M-F; 12:45-3:15)	\$315.00/mth	_____

\* all classes are subject to enrolment and price changes without notice

\*\* 5-day afternoon classes have limited spaces for 4-year-olds only

**REGISTRATION FEE:** A **\$40 non-refundable registration fee** is required each year, per student, at the time of registration.

**TUITION FEE:** The **first and last months' tuition fees** (September 2020 and June 2021) are **due on August 1<sup>ST</sup>, 2020**. All subsequent monthly fees (October 2020 to May 2021) are **due by the 1<sup>st</sup> of each month**. Due dates will be adjusted for late registration.

Due to the COVID-19 public health emergency, all payments must be done through e-transfers.

**WITHDRAWALS:** K.P.P. requires **one months' written notice** should you decide to withdraw your child from the program during the school year. **You must withdraw your child by April 1, 2021 in order to be eligible for a refund.**

**AFFORDABLE CHILD CARE BENEFIT (ACCB) – GOVERNMENT OF B.C. :** For details, visit: [gov.bc.ca/affordablechildcarebenefit](http://gov.bc.ca/affordablechildcarebenefit)

**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 # \_\_\_\_\_ Class: \_\_\_\_\_ Date paid: \_\_\_\_\_

Comments: \_\_\_\_\_