

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 1ST, 2020. All subsequent monthly fees (October 2020 to May 2020) are due by the 1st of each month. Due dates will be adjusted for late registration.

Due to the COVID-19 public health emergency, we are taking e-transfers of all payments.

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

APPLICANT'S SIGNATURE:

| | | | |
|---|-------|--------------------|--------------------|
| <input type="checkbox"/> 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 |
| Cash / Cheque # _____ | Class: _____ | Date paid: _____ |
| Comments: _____ | | |