

Vernon Christian School
2010 – 2011

PRESCHOOL REGISTRATION

Child's Full Name: _____ **Name child responds to:** _____

Birthdate: _____ **Gender:** _____
(MMDDYYYY) (M/F)

Place of Birth: _____

(Please attach a copy of "Certificate of Birth)

I/We are registering for the:

- 3 or 4 year old Monday/Wednesday program for \$95 per month (\$950/yr) AM or PM (circle choice)
 3 or 4 year old Tuesday/Thursday program for \$95 per month (\$950/yr) AM only

FAMILY INFORMATION

Mother/Guardian: _____ **Phone** _____ **email** _____

Address: _____
Street City Prov. Postal Code

Mother's occupation: _____ **Place of business:** _____

Work Phone: _____ **Cell Phone:** _____

Father/Guardian: _____ **Phone** _____ **email** _____

Address: _____
Street City Prov. Postal Code

Father's occupation: _____ **Place of business:** _____

Work Phone: _____ **Cell Phone:** _____

Student lives with: Both parents Father Mother Guardian

Name of guardian (if applicable):

Are there any special family circumstances the school should know? _____

Citizenship: Canadian Citizen Landed Immigrant Student Visa Other

Names of others living in the household:	Gender	Relationship to Child	Grade if a student or age if a preschooler

Has a court order been made concerning the care/custody of the student? Yes No
 If yes, attach a copy

Persons who have permission to pick up your child	Relationship to Child	Phone Number

Name of Family Doctor: _____ **Doctor Phone:** _____

Name of Dentist: _____ **Dentist Phone:** _____

Care Card Number: _____

Emergency Contact:

Name: _____ Phone: _____ Cell: _____

Out of Area Contact:

Name: _____ Phone: _____ Cell: _____

Please specify any known allergies or medical conditions of your child(ren):

Please attach a copy of immunization or fill in the dates of all past immunizations below:

DPTB-HIB (Diphtheria, Pertussis, Tetanus, Polio, Haemophilus Influenza)	MMR (Measles, Mumps, Rubella)	HEPATITIS B
1.	1.	1.
2.	2.	2.
3.		3.
4.		
Booster		

Why are you considering Vernon Christian Preschool?

How did you hear about our preschool?

Is there someone we can thank for referring you to Vernon Christian Preschool?

Name: _____ Phone: _____

Personal Information for the Preschool

What pets do you have at home?

What are some of your child's interests?

Has your child had any other experiences away from home?

When? _____ For how long?

Were there any problems? _____ Please explain.

Has your child previously attended daycare/preschool? _____

Name of daycare/preschool:

Can your child dress and toilet him/herself?

Please use this space if there is anything else you want us to know about your child? (health concerns, speech, hearing or vision problem, etc.)

Consent Signatures and Fees

Photograph Publishing Consent: Throughout the school year photographs are taken of various student activities. By signing below, I/we consent to the release of such photographs for school use.

Parent/Guardian Signatures

Privacy Act Consent: Vernon Christian School (VCS) collects and uses personal information for the sole purpose of maintaining accurate student records in the administrative offices and to respond immediately to an emergency. In the case of preschool, information is also collected to give the teacher more information. I/We further consent to the use and disclosure of information contained in this form and otherwise collected by or on behalf of VCS 1) for the purpose of establishing, maintaining and terminating the student's or parent's relationship with VCS, 2) for additional purposes identified when or before personal information is collected, and 3) as otherwise provided in VCS's Personal Information Privacy Policy, a copy of which is available on request

Parent/Guardian Signatures

Medical Treatment Consent: In case of an emergency where parents cannot be contacted I/we authorize the Principal or school representative to contact the family doctor or take the necessary steps to deal with a medical situation.

Parent/Guardian Signatures

I/We have read the preschool information handbook.

Parent/Guardian Signatures

Preschool Fees I/We consent to pay the 2010-2011 preschool fees as outlined below:

___ \$95 per month or \$950 per year

___ Fees to be paid in full on the first day of preschool

___ Fees to be paid in two installments (Sep. and Feb.)

___ Fees to be paid by monthly pre-authorized payments. Include a void cheque.

Parent/Guardian Signatures

Please drop off registration forms at VCS, mail to VCS 6890 Pleasant Valley Road, Vernon, BC V1B 3R5, or scan and email to preschool@vcs.ca

Vernon Christian Preschool

Personally Approved Payment Service

I/we authorize **VERNON CHRISTIAN SCHOOL SOCIETY** to begin deductions as per my/our instructions from my/our bank account (void cheque attached) covering payments due by the undersigned to **VERNON CHRISTIAN SCHOOL** for **Preschool Fees** beginning (month) _____20__ and ending June, 2011 in the amount of \$95.

Please indicate your preference:

- 5th of the month
- 20th of the month
- 5th & 20th (50% on each)

I WAIVE MY RIGHT TO A 10 DAY PRE-NOTIFICATION OF THE AMOUNT OF THE DEBIT.

- I can cancel this authorization at any time upon 1 week written notice. I can make changes by telephone or e-mail. Any changes do not affect the tuition due, and I will make new payment arrangements. I can find information on cancellation rights or sample forms at financial institutions or the CPA's website (www.cdnpay.ca). Contact person for inquiries, information or seeking recourse in the event of an error is the Business Administrator. Please phone: 250-545-7345 ext 30 or email rkumlin@vcs.ca.
- I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any PAD that is not authorized or is not consistent with the terms of this PAD agreement. For information on my recourse rights I may contact my financial institution or visit www.cdnpay.ca
- Any delivery of this authorization to you constitutes delivery by the undersigned.
- This is a Personal PAD (Pre-authorized debit)

Applicant's Signature: _____ Date: _____

Applicant's Signature: _____ Date: _____

Applicant's Name (please print) _____ Student(s) name: _____

For a joint account, all people must sign if more than one signature is required on cheques issued against the account.

Information on this form will be used in accordance with the school's privacy information policy.