

CHERRY LANE PRESCHOOL

REGENT CHRISTIAN ACADEMY 15100 - 66A Avenue Surrey BC V3S 2A6

Phone: 604.599-8171 Fax: 604.599-8175 eviswasam@regent.bc.ca

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Registration Package

DEAR PARENTS,

Welcome to Cherry Lane Preschool. We are a vibrant Christian school staffed by dedicated teachers who love the Lord and the children in their care. We are proud of our beautiful new facility and the excellent programs that we have to offer.

MISSION STATEMENT:

...to support Christian families by providing Christ-centered, quality education in a nurturing environment. We are dedicated to reinforcing Biblical values, to building Godly character and to producing children equipped to positively impact society.

Please ensure the following items are enclosed in your submission package:

- Registration Fee \$ 30.00
- Tuition payment (fee schedule / options)
- Photocopy of your child's Immunization Record
- Registration forms
- Health Information form
- Parent's Agreement form

Thank you,

MRS EUNICE VISWASAM

CHERRY LANE PRESCHOOL

Registration

CONFIDENTIAL

CHILD'S NAME:	FIRST / LAST		
DATE OF BIRTH:	MONTH / DAY / YEAR	MALE	FEMALE
ADDRESS:			
	CITY	PROVINCE	POSTAL CODE
HOME PHONE:			

MOTHER'S NAME:	FIRST / LAST	OCCUPATION: WORK PHONE: MOTHER'S CELL:
FATHER'S NAME:	FIRST / LAST	OCCUPATION: WORK PHONE: MOTHER'S CELL:

OFFICE USE ONLY

Enrolling for the year: _____ Class Enrolled: 4 yr olds * 3 days AM MON WED FRI \$ 140.00 4 yr olds * 3 days PM MON WED FRI \$ 140.00 3 yr olds * 2 days AM TUES THURS \$ 100.00 3/4 yr olds * 2 days PM TUES THURS \$ 100.00	Registrar: _____ Accountant: _____ Student Record: _____ Photocopy to Preschool: _____
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IF OTHER THAN PARENTS

GUARDIAN'S NAME:	FIRST / LAST	OCCUPATION:
		WORK PHONE:
ADDRESS:		HOME PHONE:
		CELL PHONE:

IF THERE IS A CUSTODY AGREEMENT

CUSTODY AGREEMENT:	GIVE DETAILS / ATTACH PAPERS IF NECESSARY
PERSONS AUTHORIZED TO PICK UP CHILD:	<ol style="list-style-type: none"> 1. 2. 3. 4.

EMERGENCY CONTACTS:	NAME:
	RELATIONSHIP:
	PHONE:
	NAME:
	RELATIONSHIP:
	PHONE:
	NAME:
	RELATIONSHIP:
	PHONE:

IF OTHER CHILDREN LIVING AT HOME

NAME: AGE: RELATIONSHIP:	
NAME: AGE: RELATIONSHIP:	
NAME: AGE: RELATIONSHIP:	

Do you attend church?	
Name of church:	
How did you hear about our preschool?	
Who looks after your child during the day?	
Does your child have any special interests?	
Do you have other children attending Regent Christian Academy?	

SOCIAL & EMOTIONAL DEVELOPMENT

Does your child prefer to play: alone, with playmates, siblings, adults.

Has your child had previous group experience with: daycare, preschool, Sunday school.

Does your child have any: fears, anger easily, prefer to be alone.

What is your child's energy level: high, average, below average.

GUIDANCE & BEHAVIOUR

How would you judge your child to be: easily managed, fairly managed, difficult to.

Do you have any concerns about your child's present behaviour?

What are you expecting your child to learn at preschool?

CHERRY LANE PRESCHOOL

Health Information

CHILD'S CARE CARD NUMBER:		
FAMILY DOCTOR:		DOCTOR PHONE
FAMILY DENTIST:		DENTIST PHONE

→ PHOTOCOPY REQUIRED OF YOUR CHILD'S IMMUNIZATION RECORD

PAST ILLNESSES

CHICKEN POX	RHEUMATIC FEVER
MEASLES	WHOOPING COUGH
MUMPS	OTHER

VISION TEST	SPECIAL DIET
HEARING TEST	ALLERGIES
SPEECH DIFFICULTIES	IF YES, PRODUCTS TO AVOID:
DIABETES	MEDICATION REQUIRED:
ASTHMA	

CHERRY LANE PRESCHOOL

Fee Schedule

ONE TIME REGISTRATION FEE OF \$ 30.00 NON-REFUNDABLE

FEE SCHEDULE

AGE	DAYS PER WEEK	AM / PM	PAYMENT PER MONTH
4 YR	3 MON WED FRI	AM	\$ 140.00
4 YR	3 MON WED FRI	PM	\$ 140.00
3 YR	2 TUES THURS	AM	\$ 100.00
3 / 4 YR	2 TUES THURS	PM	\$ 100.00

CHERRY LANE PRESCHOOL

Parent's Agreement

1. PRE-AUTHORIZED PAYMENTS

I agree to submit for the September to June school year:

pre-authorized monthly payments

one lump sum payment

I understand there will be NO REFUND on monthly fees or any portion regardless of sickness, school holidays or family vacations.

2. CANCELTION / WITHDRAWAL NOTICE

I agree to give one full month (30 days) notice of cancellation / withdrawal of my child from preschool

I will notify Regent Christian Academy / Cherry Lane Preschool to stop payments.

4. MEDICAL EMERGENCY

I give permission to have my child treated by a physician for medical or surgical care and to be transported to the nearest emergency service by ambulance or the staff, if an unexpected emergency arises.

I acknowledge the payment of ambulance fee is my (parent's) responsibility.

5. I GIVE PERMISSION FOR MY CHILD TO TAKE PART IN THE FOLLOWING:

Field trips, nature walks

General health check by the public health unit

Class photographs

Written observation or pictures by students enrolled in Early Childhood Education programs.

I HAVE READ AND UNDERSTOOD THE ABOVE 5 ITEMS:

PARENT SIGNATURE

DATE