



# Sandcastle Preschool

"Play...where learning happens"

## Preschool Registration

2020-2021

Child's First Name \_\_\_\_\_

Child's Last Name \_\_\_\_\_

Address \_\_\_\_\_

Postal Code \_\_\_\_\_

Date of Birth \_\_\_\_\_

Language Spoken \_\_\_\_\_

### Parent/Guardian 1

Name \_\_\_\_\_

Address \_\_\_\_\_

Postal Code \_\_\_\_\_

Contact Phone \_\_\_\_\_

Other Phone \_\_\_\_\_

Email \_\_\_\_\_

Relation to Child \_\_\_\_\_

Permission to Pick-Up  Yes  No

Are there any custody arrangements or court orders for this child that Sandcastle Preschool/MACL should be aware of?

### Parent/Guardian 2

Name \_\_\_\_\_

Address \_\_\_\_\_

Postal Code \_\_\_\_\_

Contact Phone \_\_\_\_\_

Other Phone \_\_\_\_\_

Email \_\_\_\_\_

Relation to Child \_\_\_\_\_

Permission to Pick-Up  Yes  No

Does your child have any medical concerns? (i.e. Asthma, ADHD, diabetes, epilepsy)

Does your child have allergies?  Yes  No Is this allergy life threatening?  Yes  No

What are they allergic to?

What is their reaction?

Does your child have any extra support needs that would require extra supports? (i.e behavioral concerns, communication difficulties, developmental delays, physical supports)

Physicians Name:

Physicians Phone #:

#### Office Use Only

Registration Fee paid

1<sup>st</sup> month tuition paid

Registration Date \_\_\_\_\_

Class Color \_\_\_\_\_

Start Date \_\_\_\_\_

End Date \_\_\_\_\_

Center Visit Appt. \_\_\_\_\_

Target Teacher \_\_\_\_\_

SCD Y / N

33345 2<sup>nd</sup> Ave. Mission, BC V2V4K4  
604-826-0622 sandcastle@macl.bc.ca

- Are there any cultural or religious practices that are important to consider when working with your child and family?
  
- Is your child toilet trained?  Yes  No Please describe any assistance needed and words that are used :
  
- Does your child have any particular toy or object that they are attached to, or uses for comfort or security?
  
- What are your child's favorite activities?
  
- Has your child attended preschool or daycare before?  Yes  No  
If yes, please describe their experience:
  
- What do you hope will be included in your child's preschool program?
  
- How did you hear about Sandcastle Preschool?

Please indicate which class you would prefer your child to attend. (Check one only)

- |  |                    |                             |
|--|--------------------|-----------------------------|
| <input type="checkbox"/> Tuesday /Thursday         | 8:45-11:15 am      | Tuition \$140. 00 per month |
| <input type="checkbox"/> Tuesday /Thursday         | 11:45 am – 2:15 pm | Tuition \$140. 00 per month |
| <input type="checkbox"/> Monday /Wednesday /Friday | 8:45-11:15 am      | Tuition \$195. 00 per month |
| <input type="checkbox"/> Monday /Wednesday /Friday | 11:45 am – 2:15 pm | Tuition \$195. 00 per month |

A non-refundable registration fee of \$30.00 is payable upon registration as well as a post-dated cheque (Dated September 1) for the first month's fees. Preschool fees can be paid via Pre-authorized Credit Card deduction or Post-dated Cheques on the first day of the month (September to June) payable to Mission Association for Community Living

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Parent / Guardian Signature

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Date

- Note: All information contained in this form will remain confidential with the exception of Community Care Facilities Licensing who have legal authority to view children's files.