



**DUNCAN CHRISTIAN SCHOOL**

Building on Faith, Family & Community

**Preschool Registration**

2017-2018

Dear Parents,

At Duncan Christian school we are excited about our preschool program for children aged 3+ years. God created preschoolers full of imagination and curiosity and we are offering an enriched, safe and stimulating environment where your child can explore and develop his/her God-given gifts and talents.

Our preschool is unique in that it is part of Duncan Christian School. We invite you to partner with us in Christian education and start at the preschool level. Should you decide later to enroll in our school for Kindergarten, please realize this is a separate application.

Our program will run according to the Duncan Christian School calendar. We have the following Preschool program options with classes taking place on:

Monday to Friday from 8:30-11:30am

Monday, Wednesday, and Friday from 8:30am -11:30am

Tuesday and Thursday from 8:30am - 11:30am

One morning per week depending on availability 8:30am - 11:30am

We look forward to meeting you and getting to know you and your child. Please read through the enclosed Preschool Parent Information Booklet for more information.

Sincerely,

Darlene Brandsma  
Preschool Director



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## Preschool Registration

**(ATTACH PHOTO OF CHILD TO THE CORNER OF THIS DOCUMENT)**

**Child's Full Name:** \_\_\_\_\_ **Name child responds to:** \_\_\_\_\_

**Birthdate:** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_  
(Please attach a copy of "Certificate of Birth") (M/F)

**I/We are registering for the:**

- A.  Monday to Friday preschool program; 8:30am – 11:30am, \$280 per month
- B.  Monday, Wednesday, & Friday preschool program; 8:30am – 11:30am, \$180.00 per month
- C.  Tuesday and Thursday preschool program; 8:30am – 11:30am, \$130.00 per month
- D.  One morning per week, depending on availability. Please indicate which day of the week you are interested in \_\_\_\_\_, \$85.00 per month

**First Day of Attendance:** \_\_\_\_\_ (M/D/Y) **End Date:** \_\_\_\_\_ (M/D/Y)

**FAMILY INFORMATION**

**Mother/Guardian:** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Cell** \_\_\_\_\_

**Street Address:** \_\_\_\_\_  
*Street City Prov. Postal Code*

**Mailing Address (if different):** \_\_\_\_\_

**Mother's occupation:** \_\_\_\_\_ **Place of business:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Father/Guardian:** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Cell** \_\_\_\_\_

**Street Address:** \_\_\_\_\_  
*Street City Prov. Postal Code*

**Mailing Address (if different):** \_\_\_\_\_

**Father's occupation:** \_\_\_\_\_ **Place of business:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Student lives with:** Both parents  Father  Mother  Guardian

**Name of guardian (if applicable):** \_\_\_\_\_

**Are there any special family circumstances the school should know about:** \_\_\_\_\_

**Citizenship:**  Canadian Citizen  Landed Immigrant  Student Visa  Other \_\_\_\_\_



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## Preschool Registration

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 (other than parent/guardian)	Relationship to Child	Phone Number

Persons NOT permitted access to child		

Name of Family Doctor: \_\_\_\_\_ Doctor Phone: \_\_\_\_\_

Name of Dentist: \_\_\_\_\_ Dentist Phone: \_\_\_\_\_

Care Card Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Out of Area Contact: \_\_\_\_\_ 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		



# DUNCAN CHRISTIAN SCHOOL

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## Preschool Registration

Why are you considering Duncan Christian Preschool? \_\_\_\_\_

\_\_\_\_\_

How did you hear about our preschool? \_\_\_\_\_

Is there someone we can thank for referring you to Duncan 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? \_\_\_\_\_

Where there any problems? \_\_\_\_\_. Please explain \_\_\_\_\_

Has your child previously attended daycare/preschool? Yes  No

Name of daycare/preschool: \_\_\_\_\_

Can your child dress him/herself? Yes  No

Can your child toilet him/herself? Yes  No

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 FEE OPTIONS

#### Field Trip Consent:

Students go on field trips or walks through the neighborhood. I/We consent to having my child(ren) go on walking field trips during the school year 2017-2018

\_\_\_\_\_  
Parent/Guardian Signatures

#### Photograph Publishing Consent:

Throughout the school year photographs are taken of various student activities. By signing below, I/we consent to have the student's picture published in the weekly newsletter, local newspapers, the school website and promotional materials. The school only publishes first names of students.

\_\_\_\_\_  
Parent/Guardian Signatures

#### Privacy Act Consent:

Duncan Christian School (DCS) 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 DCS for the purpose of establishing, maintaining and terminating the student's or parent's relationship with DCS, for additional purposes identified when or before personal information is collected, and as otherwise provided in DCS'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/guardian cannot be reached, I/we authorize a staff member to contact a medical practitioner or ambulance for my child.

\_\_\_\_\_  
Parent/Guardian Signatures

I/We have read the DCS Preschool Information Handbook, and are in agreement with the policies and information presented in the handbook.

\_\_\_\_\_  
Parent/Guardian Signatures

#### Preschool Fees:

I/We consent to pay the preschool fees as outlined below:

- Preschool tuition fees, as described previously. Fees can be paid by one of these three options:
  - A lump sum (September to June) on the first day of Preschool
  - Posted dated cheques dated the 1<sup>st</sup> or 25<sup>th</sup> of each month (September – June)
  - Pre-authorized payments dated the 25<sup>th</sup> of each month after (ie. September - June). Please complete the pre-authorize form and attach a void cheque.  
***A new form must be completed each school year.***
  
- \$20 Registration fee to be included with registration package. (Waived for returning families)

\_\_\_\_\_  
Parent/Guardian Signatures



### APPLICATION CHECKLIST

**Prior to acceptance to the preschool, the following are due:**

- Application for Preschool Admission Form (per child)
- \$20 Non Refundable Registration fee (per child)  
Waived for returning preschool children (consecutive years only)
- Birth Certificate for each child (copy)
- Immunization Record for each child (copy)
- Current Photo for each child

**Upon acceptance of to the preschool, the following are due:**

- Tuition Payments as per choice indicated on admission form  
– *Post-dated cheques or Pre-Authorized Debit form*
- Earthquake kit (see Preschool Parent Information Handbook for details)



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## Required Information for the Pre-authorized Debit

### PAYOR'S ACKNOWLEDGEMENT

The undersigned Payor(s), (each) being a Payor that is **not** one and the same as the Payee (DCS) that issued this Payee Letter of Undertaking, hereby acknowledges the provisions of this Payee Letter of Undertaking and confirms to the Bank that it has authorized the Payee to issue cash management debits in relation to the Payor(s)'s account(s) with a Processing Member. The Payor further acknowledges that in the event of any dispute, no recourse will be provided through the clearing system and the Payor must address any such disputes directly with the Payee.

This Acknowledgement may be cancelled or revoked at any time upon notice being provided to the Payee either in writing or orally.

Please provide a 'voided' cheque or a preauthorized payment form from your bank, drawn on the account you wish to have your funds debited out of. We require the following information:

#### Payor Financial Institution Information (Please print clearly)

Branch Number (5 digits): \_\_\_\_\_  
Institution Number (3 digits): \_\_\_\_\_  
Payor Account Number (as typed on cheque): \_\_\_\_\_  
Name of Payor Financial Institution: \_\_\_\_\_  
Branch Address: \_\_\_\_\_  
City & Province: \_\_\_\_\_  
Postal Code: \_\_\_\_\_

#### Payment Information (Please type or print clearly)

Please specify whether the payment is a:  
(Please check one)

Fixed Amount: (Please specify) \_\_\_\_\_  
 Variable Amount: If variable, please specify whether there is a maximum amount or indicate N/A if there is no maximum amount: \_\_\_\_\_

Occurring: on the **25<sup>th</sup> of the month**

Set intervals:  
Please specify the timing (starting month) \_\_\_\_\_

Are top-ups or adjustments permissible?  
(Please check one)

Yes  
 No

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date