



DUNCAN CHRISTIAN SCHOOL

Building on Faith, Family & Community

**Early Learning Program
Registration**
(License Pending)
2019-2020

Dear Parents,

At Duncan Christian School we are excited about our Early Learning 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 Early Learning program is unique in that it is part of Duncan Christian School. We invite you to partner with us in Christian education 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 program options with classes taking place on:

Monday to Friday from 8:00am-3:00pm

Monday, Wednesday, and Friday from 8:00am -3:00pm

Tuesday and Thursday from 8:00am-3:00pm

One morning per week depending on availability 8:00-3:00pm

½ day program 8:00am-12:30pm

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

Sincerely,

Darlene Brandsma
Early Learning Program Director



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(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 program 8:00am – 3:00pm \$650 per month
- B. Monday, Wednesday, & Friday program 8:00am – 3:00pm \$400 per month
- C. Tuesday and Thursday program 8:00am – 3:00pm \$275 per month
- D. ½ day programs 8:00am - 12:30pm
 5 days/week \$292/month 3 days/week \$190/month 2 days/week \$135/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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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, please 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: _____

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		



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Why are you considering Duncan Christian Early Learning Program? _____

How did you hear about our Early Learning Program? _____

Is there someone we can thank for referring you to Duncan Christian Early Learning Program?

Name: _____ Phone: _____

PERSONAL INFORMATION FOR THE EARLY LEARNING PROGRAM

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 go on walking field trips during the school year 2018-2019.

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

Program Fees:

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

- Early Learning Program 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 Early Learning Program
 - Posted dated cheques dated the 1st or 25th of each month (ie. August - May)
 - Pre-authorized payments dated the 25th of each month (ie. August - May). 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 Early Learning Program 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 **25th 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