

**Centennial Christian School - Terrace  
Preschool Registration Form**

Child's Full Name: \_\_\_\_\_

Name child responds to: \_\_\_\_\_

Date of Birth (mm/dd/yy): \_\_\_\_\_ Male: \_\_\_\_ Female: \_\_\_\_

**\*A copy of the child's birth certificate and immunization records  
must be attached to this registration\***

Home Address: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Person(s) with whom the child lives:

\_\_\_\_\_

What language is spoken at home? \_\_\_\_\_

**Parents/Guardians:**

Mother/Guardian Name: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Place of work: \_\_\_\_\_ Business phone: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Place of work: \_\_\_\_\_ Business phone: \_\_\_\_\_

Names of brothers/sisters: \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

Has child previously attended a day care/preschool program?

Yes \_\_\_\_ No \_\_\_\_ Name of facility: \_\_\_\_\_

**Person(s) Authorized to Pick Up Child**

I give permission for the following people to pick up/deliver my child,  
\_\_\_\_\_ from preschool: (adults only)

(child's name)

- 1. \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_
- 2. \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_
- 3. \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Is there a custody agreement in place? If yes, please give a copy of this information to the office \_\_\_\_\_

**Health Record**

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Is your child immunized? \_\_\_\_\_ If yes, please attach current records

Allergies? \_\_\_\_\_ If yes, list: \_\_\_\_\_

Any other medical problems? \_\_\_\_\_ If yes, list: \_\_\_\_\_

Does your child have any vision, hearing or speech concerns?

Any learning/physical or behaviour/emotional concerns?

**Your child must be toilet trained in order to attend Preschool.**

Alternative person to call in case of emergency:

(This person would be called if parents were not able to be reached)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I give my consent for the staff of Centennial Christian School to seek emergency medical attention or call an ambulance for my child if necessary, in the event that I am unable to be contacted. I will be responsible for any charges that may result if an emergency shall arise.

Consent for emergency medical treatment: \_\_\_\_\_

(Parent's Signature)

I give permission for my child to be photographed/video taped for classroom usage of general advertising for the preschool

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(Parent Signature)

Check off the class(es) you would like to enrol your child in:

<b>DAYS</b>	<b>TIME</b>	<b>AGE</b>	<b>COST</b> /month	<b>√</b> <b>here</b>
Monday/Wednesday/Friday	8:50 – 11:30 am	4 year old class	<b>\$190</b>	
Monday/Wednesday/Friday	12:30-3:05 pm	4 year old class	<b>\$190</b>	
Tuesday/Thursday	8:50-11:30 am	3 year old class	<b>\$150</b>	
Tuesday/Thursday	12:30-3:05 pm	3 AND 4 year old class	<b>\$150</b>	

\*NOTE: If you are registering your child for 5 days a week, the cost is **\$330**.

Would you like to know more about becoming a Centennial Christian School Society member?

Yes \_\_\_\_\_ No \_\_\_\_\_

**Method of Payment** (please choose one)

(the first month's non-refundable payment must accompany this application)

\_\_\_\_\_ Payment in full in September

\_\_\_\_\_ 10 post-dated cheques

\_\_\_\_\_ Pay by Direct Debit in 10 monthly payments. You will need to include:

- Pre-Authorized Debit Form
- Void cheque or Banking information provided to you by your financial institution

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(Parent Signature)

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(Date)