



789 Alderson Avenue, Coquitlam, B. C., V3K 1T9 Tel.: (604) 939 3682

Registration Form

Child's Name: _____ Sex: ()

Date of Birth (YY/MM/DD): _____

Place of Birth: _____

First Language: _____

Second Language: _____

Father's Name: _____

Mother's name: _____

Address: _____ Postal Code: _____

Email: _____

Home Phone: _____

Dad's Work Phone: _____

Mom's Work Phone: _____

Dad's Occupation: _____

Mom's occupation: _____

Persons allowed to pick up Child: _____

Perons has no access to your Child: _____

Program requested:

() Half Day Program: am _____ pm _____

() Full Day Program: _____

Enrollment date: _____ Withdrew Date: _____

In Case of Emergency, alternated person can be contacted:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Emergency Health Information:

Family Doctor: _____ Phone Number: _____

Address: _____

Medical Insurance Number: _____

Copy of Immunization Record: Yes () No ()

Child's Information:

Sibling's Name and Birth date: _____

Child previous experience away from home? _____

Is child comfortable in leaving parents? _____

Any health problem? _____

Any Vision, Hearing, or Speech problem? _____

Any allergies? _____

* Please attach procedures/care plan to follow in the event of an allergic attack.

PAYMENT REQUIREMENT

- () \$150 Non-refundable registration fee
- () \$50 Non-refundable re-registration fee for returning students
- () \$400 Refundable deposit (please refer to withdrawal guideline)
- () 10 x post-dated cheques from September to June.

WITHDRAWALS

Children attending full time program may withdraw from the program with a 30-day notice without penalty.

Children taking extended holidays between September and June will require paying full month fees.

There is no refund of the deposit when withdrawing in the month of April to June.

AGREEMENT

I understand that my child or myself may not be suitable or ready to attend Immaculate Heart Early Childhood Education Centre. In this circumstance, the Centre has the option of requesting the withdrawal of my child or to hold the space for my child for a later date.

If my child is found not ready for the Centre in the first 2 weeks of gradual entry, the first month fee will be returned.

All unused post-dated cheques will be returned to parents when the child is withdrawn from our program.

Date of Application: _____

Date of Interview: _____

Parents Signature: _____

Start Date: _____

End Date: _____