



Sandcastle Preschool

"Play...where learning happens"

Preschool Registration

2022-2023

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

1st month tuition paid

Registration Date _____

Class Color _____

Start Date _____

End Date _____

Center Visit Appt. _____

Target Teacher _____

SCD Y / N

33345 2nd Ave. Mission, BC V2V4K4
604-826-9080 x265 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 \$40.00 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

Parent / Guardian Signature

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.