

Immaculate Heart Early Childhood Education Centre

789 Alderson Avenue  
Coquitlam, B.C. V3K 1T9  
604.939.3682

**Registration Form**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Place of Birth: \_\_\_\_\_  
First Language: \_\_\_\_\_ Second Language: \_\_\_\_\_  
Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Home Phone: \_\_\_\_\_

Persons allowed to pick up Child: \_\_\_\_\_  
Person(s) has no access to your Child: \_\_\_\_\_

Program Requested: ( ) Half Day Program: AM _____ PM _____ ( ) Full Day Program: _____ Enrollment Date: _____ Withdrawal Date: _____
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**In case of Emergency, alternate contacts**

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

**Emergency Health Information**

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Medical Insurance Number: \_\_\_\_\_  
Copy of Immunization Record: Yes ( ) No ( )

This Health information is to be made available to the staff of Vancouver Coastal Health. I hereby give me consent for my child to be involved in drop-in visits by Vancouver Coastal Health staff. Information Provided by: _____ Information Provided by: _____ Date (YY/MM/DD): ____ / ____ / ____
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**Child's Information**

Sibling's Name(s) and Birth dates:

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Child's previous experience away from home?

Is child comfortable leaving parents? Yes ( ) No ( )

Any health problems? If so, please explain:

Any Vision, Hearing or Speech concerns:

Allergies:

\*Please review 'Procedures' to follow in the event of an allergic response

**Payment Requirements**

( ) \$150 Non-refundable registration fee, including ( ) \$50 waiting fee

( ) \$50 Non-refundable re-registration fee for returning students

( ) \$400 Refundable deposit (please refer to withdrawal guidelines)

( ) 10 postdate cheques from September to June

**Withdrawals**

- Children attending the full-time program may withdraw from the program with a 30 day written notice without penalty.
- Children taking extended holidays between September and June will be required to pay full monthly fees.
- There is no refund of the deposit when withdrawing from 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 maintains the right to request the withdrawal of my child or to hold the space for my child at a later date.

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

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

Date of Application: \_\_\_\_\_ Date of Interview: \_\_\_\_\_

Parents Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_