St. Joseph's Church Preschool
20244-32nd Avenue
Langley, B.C. V2Z 2E1
604-530-4288

Please complete this form and return it with a non-refundable registration fee of $25.

Please circle which class you would prefer.

M/W/F 4 yr. A.M. Class
(8:45 – 11:15 A.M.)

Tue/Thurs 3 yr. A.M. Class:
(8:45 – 11:15 A.M.)

Personal Information

Full Name of Child: _____
Child's Date of Birth: _____Gender: M / F Starting date: _____
Address: _____
_____
Email: _____

Mother's Name: _____
Religion: _____
Address (if different than above):
_____
_____
Home Phone: _____
Occupation: _____
Work Address: _____
_____
Work Phone: _____
Cellular: _____

Father's Name: _____
Religion: _____
Address (if different than above):
_____
_____
Home Phone: _____
Occupation: _____
Work Address: _____
_____
Work Phone: _____
Cellular: _____

Person with who child resides: _____

Siblings: _____Age: _____ _____Age: _____
_____Age: _____ _____Age: _____
_____Age: _____ _____Age: _____

Do any of your children currently attend the Preschool? _____
Attended in prior years? _____
Do you intend on enrolling your child at St. Catherine's Elementary for Kindergarten?
Yes _____ No _____

Health Information

Does your child have any known health problems, allergies, dietary restrictions or needs that require extra support? Or does your child have any fears or anxiety that we should know about? YES _ NO __
If YES, please describe:

_____
_____
_____

Emergency Health Information

Care Card Number: _____
Family Doctor/Clinic: _____ Family Dentist: _____
Address: _____ Address: _____
Phone: _____ Phone: _____

Consent for Emergency Care

I authorize the staff at St. Joseph's Church Preschool to call a medical practitioner or ambulance in the case of accident or illness of my child(ren), if the parent cannot be immediately reached.

Signature of Parent/Guardian: _____ Date: _____

Manager of Facility: _____

Person(s) Authorized to Pick Up Child

(Other than parent/guardian)

Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____

Person(s) NOT Authorized to Pick Up Child

Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____

Custody Agreement: Yes ____ No _____
If yes, please supply a copy of the custody order to the Facility Manager/Licensee

Alternative Person's to Call and Pick up Child in Case Of Emergency

Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____

Child's Immunization Status
(**Please record dates (year/month/day) & attach a copy of immunization records**)

Is your child immunized? Yes _____ No _____

Diphtheria	Pertussis	Tetanus	Polio	MMR (measles/mumps/rubella)	HIB
1.	1.	1.	1.	1.	1.
2.	2.	2.	2.	2.	2.
3.	3.	3.	3.	3.	3.
4.	4.	4.	4.	4.	4.
5.	5.	5.	5.	5.	5.

Comments: _____

Please describe briefly what you expect your child to learn at Preschool:

Other comments:

Parent Signature: _____ Date: _____

Parent Agreement

1. Parents/Caregivers who decide to withdraw their child from the Preschool are required to give thirty (30) days written notice from the first of the month. **Failure to do so will result in the loss of one month's fees.**

2. There will be NO refunds or credits issued for days missed due to illness, vacation, days closed due to Professional Development days, Statutory Holidays or any days where St. Catherine's is closed. Refunds will only be issued if a parent has overpaid for the month or if payment for the year has been made in full and the child has withdrawn from the program with 30 days written notice.

3. Payment of fees must be made to ensure a spot for the child in the Preschool program. The Pre-Authorized Debit form should be completed prior to the first day of school. Payments will be taken out on the first of the month starting in September - June. A service fee of $25 will be charged on all NSF cheques.

4. Parents/Caregivers agree to attend committee meetings and workshops conducted by the staff so that they are able to participate more fully in their child's school experience.

5. Parents/Caregivers must accompany their child to the Preschool and may only leave once their child is entrusted to the care of a staff member.

6. Parents are requested to pick up their child from Preschool at the end of each Preschool session on time. If late more than two times a letter to the parent/ guardian will be handed out and will be charged accordingly:

5 minutes grace: N/C
6- 10 minutes : $5
10-15 minutes: $10

Fees will increase by $5 after every 5 minute increment.

7. Children who are ill must be kept at home (Please see policy in parent handbook). If the child or close family has a communicable disease please contact the Preschool staff.

8. If a child becomes ill during the time in our care, the parents/caregivers will be contacted and asked to pick up the child immediately. In the event of an emergency, 911 will be called and then the parents will be notified.

9. Parents/Caregivers should engage in daily contact with the staff to share information and relay messages about their child. Parents/Caregivers should advise the Preschool staff of changes in the home environment, which may affect the child's behaviour when in our care.

10. Questions concerning the child or the program are to be directed to the Preschool staff. Parents/Caregivers are requested to visit the parent board and read monthly newsletters and notices. The staff will gladly review any information that may be unclear.

11. The Preschool staff has the overall responsibility for the Preschool program, including discipline, health standards and safety measures. Parents are to let the staff deal with any behavior, even if the parent/caregiver is present.

I have read, agree to and fully understand the above agreement.

_____ _____

PARENT/GUARDIAN SIGNATURE **DATE**

St. Joseph's Church Preschool
Picture Permission Form

I give St. Joseph's Church Preschool permission to take my child's picture during the _____- _____school year.

I hereby give my consent to the Caregiver to have photographs of my child _____. I understand the photographs may be required by the Preschool to use in the program i.e. Art Projects, field trips etc, and is only used exclusively and to be kept within the program.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: ___/____/_____
DAY MONTH YEAR

St. Joseph's Church Preschool
20244 – 32nd Avenue
Langley, British Columbia
V2Z 2E1
Phone #: 604-530-4288

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st.josephs_preschool@live.ca

Dear Parents and Guardians,

To help enhance your child's preschool experience and simplify planning throughout the year, we are offering an **optional Annual Activity Fee** for the 2026–2027 school year.

This fee will cover the cost of many special activities and materials, including:

- Field trips
- Baking and cooking activities
- Additional art supplies
- Holiday and seasonal parties
- Special events and materials for Mother's Day and Father's Day
- End-of-year celebrations and activities

By choosing to participate, you'll help us reduce the need to collect separate payments throughout the year—making things more convenient for families and staff.

Please return the completed form with your registration package.

We believe this program will make for a more enjoyable and memorable school year. If you have any questions or need more details, please don't hesitate to contact me.

Warm regards,

Angela Bagg

Head Teacher

Parent/Guardian Response Form – Annual Activity Fee

Student's Name: _____

Parent/Guardian Name: _____

Please check one:

☐ **Yes, I would like to participate** in the Annual Activity Fee program.
☐ **No, I choose not to participate** in the Annual Activity Fee program and understand that I may be asked to contribute to individual events throughout the year.

If opting in, please select your preferred payment method:

☐ Cash - $150
☐ Pre-Authorized Debit (PAD) taken out with September 2026 payment - $150

Parent/Guardian Signature: _____ **Date:** _____

Parent Questionnaire

How did you hear about St. Joseph's Church Preschool?

_____

_____

_____

_____

_____

- ☐ Registration Form Completed with **Immunization records attached.**
- ☐ Non- Refundable Registration Fee $25 (Cash/ Cheque/PAD)
- ☐ Activity Fee Form Signed
- ☐ Pre-Authorized Debit (PAD) form for tuition. Please include a void cheque. Our Centre has opted into the Child Care Fee Reduction Initiative (CCFRI). See fees below after CCFRI.

  → **2 DAYS/WEEK (TUE/THURS) - $117/MONTH**

  → **3 DAYS/WEEK (M/W/F) - $126/MONTH**

  → **5 DAYS/WEEK (MON-FRI) - $243/MONTH**

PRE-AUTHORIZED PAYMENT FORM

We are pleased to offer pre-authorized payment at St. Joseph's Church Preschool starting September 1st, 2025. This payment procedure is simple and easy for both you and the School! All you have do is the following:

- ✓ Complete and sign the authorization form;
- ✓ Attached a blank cheque marked "VOID"
- ✓ Return Pre-Authorized Payment Form, Void Cheque to your child's teacher in a sealed envelope
- ✓ Keep the Terms and Conditions for your Records

If you have any questions please contact us at st.josephs_preschool@live.ca or (604) 530-4288

1. Student Information:

i) Student's Name: _____ Program: ☐ Preschool

Program Type: ☐ 5 Days ☐ 3 Days (M/W/F) ☐ 2 Days (Tu/Th) Monthly Fee: $ _____

*One-Time Fees: ☐ $25 Registration Fee (Withdrawn at time of registration) Date: _____

☐ $150 Annual Activity Fee (Optional) (Added to September Payment)

2. Bank Account Information *PLEASE ATTACH VOID CHEQUE*

Branch Transit Number: _____(5 digits) ☐ Same banking information as previous year

Financial Institution Number: _____(3 digits)

Bank Account Number: _____

Financial Institution Name: _____

Financial Institution Address: _____

3. Pre-Authorized Debit (PAD) Details (signatures are required on both account owners on joint accounts)

I/we authorize St. Joseph's Church Preschool to debit, in paper, electronic or other form the bank account identified above as per my/ our instructions for monthly recurring payments in the amount of $ _____ Total

on the 1st day of each month (or the next business day) beginning _____ Month, _____ Year

with the final payment on the 1st day (or the next business day) of _____ Month, _____ Year.

I/we may revoke this authorization at any time and it will remain in effect until I/we provide St. Joseph's Church Preschool written notification of its change or termination. This notification must be received at least thirty (30) business days before the next debit is scheduled at the school address provided below.

I/ we acknowledge that I/we have read, understood and accepted all the provisions contained in the Pre-Authorized Payment Authorization Terms & Conditions and that I/we have received a copy for our records.

Signature of Bank Account Holder: **Signature of Joint Bank Account Holder (if applicable):**

_____ _____

Name: _____ Name: _____

Date: _____ Date: _____

PRE-AUTHORIZED PAYMENT AUTHORIZATION - TERMS AND CONDITIONS

I(We) acknowledge that this Authorization is provided for the benefit of the Payee and (Processing Institution) and is provided in consideration of (Processing Institution) agreeing to process debits against my account in accordance with the Rules of the Canadian Payments Association.

(Processing Institution) agreeing to process debits against my account in accordance with the Rules of the Canadian Payments Association. I(We) warrant and guarantee that all persons whose signatures are required to sign on this account have signed this agreement below. I(We) hereby authorize St. Joseph's Church Preschool to draw on (Name of Payor) account with (Processing Institution), for the following purpose St. Joseph's Church Preschool Fees.

This authorization may be cancelled at any time upon notice by (Name of Payor). I(We) acknowledge that, in order to revoke this authorization, I(We) must provide notice of revocation to St. Joseph's Church Preschool at least ten (10) business days before the next debit is scheduled at the school address provided below.

I(We) acknowledge that provision and delivery of this authorization to St. Joseph's Church Preschool constitutes delivery by (Name of Payor) to (Processing Institution). Any delivery of this authorization to you constitutes delivery by (Name of Payor).

The Payor and Payee agree to waive the pre-notification requirement set out in Section 11 of Appendix II of rule H1 of the Canadian Payments Association.

I(We) undertake to inform St. Joseph's Church Preschool, in writing, of any change in the account information provided in this authorization prior to the next due date of the PAD.

The account that St. Joseph's Church Preschool is authorized to draw upon is indicated in the accompanying authorization. A specimen cheque for this account has been marked "VOID" and attached hereto.

I(We) acknowledge that (Processing Institution) is not required to verify that a PAD has been issued in accordance with the particulars of the Payor's Authorization including, but not limited to, the amount.

I(We) acknowledge that (Processing Institution) is not required to verify that any purpose of payment for which the PAD was issued has been fulfilled by St. Joseph's Church Preschool as a condition to honouring a PAD issued or caused to be issued by St. Joseph's Church Preschool on (Name of Payor) account.

Revocation of this authorization does not terminate any contract for goods or services that exists between (Name of Payor) and St. Joseph's Church Preschool. The Payor's Authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged.

A PAD may be disputed by a Payor under the following conditions:

(1) the PAD was not drawn in accordance with the Payor's Authorization; or

(2) the authorization was revoked; or

(3) pre-notification was not received.

The Payor, in order to be reimbursed, acknowledges that a declaration to the effect that either (1), (2) or (3) took place, must be completed and presented to the branch of the Processing Institution holding the Payor's account up to and including 90 calendar days in the case of a personal/ household PAD (or up to and including), after the date on which the PAD in dispute was posted to the Payor's account.

The Payor acknowledges that a claim on the basis that the Payor's Authorization was revoked, or any other reason, is a matter to be resolved solely between the Payee and the Payor when disputing any PAD after (90 calendar days in the case of a personal/household PAD).