

Registration Form



Creative Beginnings Preschool

1440 Hugh Allan Drive, Kamloops, BC V1S 1L8 Ph.(250) 377-8700 Cel: (250) 319-8586

School Term: 2026/2027

Class Preference Order (Please #):

M/W/F AM 8:45-11:15 _____ T/TH AM 8:45-11:15 _____
T/TH PM 11:30-2:00 _____

Child's Last Name: _____ Child's First Name: _____

Name Child responds to: _____ Main Phone(s): _____ / _____

Address: _____

Nationality: _____ Gender: _____ Date of Birth: Year _____ Month _____ Day _____

PARENT/GUARDIAN INFORMATION

Name of Mother or Guardian: _____ Phone: _____

Address if different from child's: _____

Occupation: _____ Work Phone: _____

Name of Father or Guardian: _____ Phone: _____

Address if different from child's: _____

Occupation: _____ Work Phone: _____

List siblings and their ages: _____

Family email address: _____

PERSONS AUTHORIZED TO PICK UP/EMERGENCY CONTACTS

Include the names of all persons authorized to pick up child (must list at least one contact other than parents):

Name: _____ Relationship: _____ Cel: _____

Name: _____ Relationship: _____ Cel: _____

Name: _____ Relationship: _____ Cel: _____

Name: _____ Relationship: _____ Cel: _____

Is there a custody agreement in effect? please give details as they relate to the child in care and **attach a copy** to this form:

Is there anyone that you are specifically aware of that should not have access to your child (please provide full name and what you would like us to do in the event they show up here: _____

Registration fee paid: _____
Cash: _____ or Cheque: _____

EMERGENCY HEALTH INFORMATION

Child's Doctor: _____ Phone: _____

If no Family Doctor – What clinic do you prefer?: _____ Phone: _____

Child's Medical Number: _____

Is your child's immunization up to date? ☐ Yes ☐ No ☐ Will Update

Please list any known health problems: ☐ Aids ☐ Allergies ☐ Asthma ☐ Epilepsy ☐ Hearing ☐ Speech or Language

☐ Vision ☐ Other Explain: _____

Is your child subject to: (If yes, explain)

Ear/Throat Infections: _____

Urinary Tract Infections: _____

Bleeding Nose: _____

Stomach aches: _____

Fevers: _____

Rashes: _____

Does the child take any special medications? _____

Child's Dentist: _____ Phone: _____

Other Specialists: _____ Phone: _____

Are there any concerns regarding food that the staff should be aware of (i.e., special diet due to health, religion, ethnicity, etc.)? If so, please describe:

Has your child had any major accidents, illnesses, or operations? If so, please describe and give dates:

General Information

Is your child toilet trained? _____ Describe assistance needed and words used: _____

What time does your child go to bed at night? _____ Wake up? _____

Are there any concerns regarding food that the staff should be aware of (i.e., special diet due to health, religion, ethnicity, etc.)? If so, please describe: _____

Does your child have any special fears? _____

Do you have any concerns about any aspect of your child's development? _____

Is any language other than English used in the home? _____

Are there any special physical or emotional needs that the staff should be aware of? _____

How much television does your child generally watch each day? _____

What are your child's favourite activities? _____

Does your child play well alone? _____ In groups? _____

If so, how old are the children your child usually plays with? _____

Does your child accept correction easily? _____

What is the method of behaviour correction used in your home? _____

Please describe your child's personality/behaviours: _____

Has your child had group play experience? _____ Describe their experience: _____

Has your child been cared for by someone besides family? _____ Describe their experience: _____

Has your child gone to preschool or daycare before? _____ Describe their experience: _____

What do you hope will be included in your child's preschool program? _____

What is your child's reaction to separation? _____

Parent/Guardian Signature

Date

Class List Consent Form

I, _____ hereby authorize, Creative Beginnings Preschool to release the following information for the purpose of creating a class list for parents use to arrange play dates and handout invitations for special occasions and holidays. I understand that last names and addresses will not be given out under any circumstances.

Child's First Name: _____

Mother's First Name: _____ Father's First Name: _____

Home Phone Number: _____

Signature: _____ Date: _____

Staff Signature: _____

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Payments

We offer a choice of 4 classes for parents to choose from at Creative Beginnings Preschool. Our program runs from the beginning of September until the end of June and we are closed during the Christmas holidays, Spring Break, Statutory Holidays and School In-Service Days. Other scheduled closure days to balance out the number of classes per session will be posted in the Calendar at the beginning of the year as well. Please note that our rates are based on a daily rate and multiplied by the number of classes provided in a year and then divided by the number of months – thus you are not paying for these scheduled closures and the only closure you would be paying for would be unexpected or change in schedule closures that came about after the school year had started. However, this is quite uncommon. Payments are to be made out for the first of each month in the form of post-dated cheques. Payments are as follows:

Morning Classes:

Monday, Wednesday, Friday Classes 8:45-11:15am	\$262.00/month –less CCFRI = * \$205.00/month
Tuesday, Thursday Classes 8:45-11:15am	\$218.00/month – less CCFRI = * \$180.00/month
Tuesday, Thursday Classes 11:30-2:00pm	\$218.00/month – less CCFRI = * \$180.00/month

****Please note that while we are accepted into the CCFRI/ACCB funding programs to reduce fees for parents, if for any reason the government cancels or delays funding you will be responsible for the full fees pre reduction amounts.***

**There is also \$50.00 non-refundable registration fee per registered class per year.
Due upon registration.**

I, _____ will adhere to ensuring that I have given post dated cheques (unless other arrangements are made) for the appropriate space I am booking for my child, _____ to attend Preschool. In the event that the registration needs to be terminated by either party, I understand that I, or the preschool will need to give **two “full” months notice** (meaning before the first of the following month and the two months following would then satisfy your two full months notice). I understand that if I give notice on or after the first of the month, that I will be responsible for three months payments. I am also aware that if my child has not started the school year for which this registration contract is for, then I need to give notice before **July 1/2026** to avoid any additional monthly fees, otherwise I will be charged as stated above. The preschool reserves the right to terminate the contract immediately should there be grounds for dismissal at the preschools discretion. The registration fee is non-refundable. In the event that the preschool cannot provide service for more than two consecutive weeks due to an extreme nature (ie. gas, water, sewer or hydro problems, flood, relocation, etc.) at the owner’s discretion, classes will either be refunded or rescheduled. This does not include Christmas Break, Spring Break, Sick Days, Inservice Days, Scheduled Closures or Statutory Holidays.

I also understand that there is a \$5.00 fee if I am late picking up my child from preschool by 5 minutes (which would be 11:20am – class ends at 11:15am or 2:05pm - class ends at 2:00pm, depending on the class your child attends), after the first 5 minutes I am aware there will be an additional \$2.00 per minute after the first 5 minutes (ie: child picked up at 11:23am total owed is \$11.00). Please understand that we only have 15 minutes between classes to tidy up and prepare for the next class, use the washroom and eat lunch. We also have to leave the center at 2:05 at the latest to get to the schools for pickups of our school age children.

I understand that there is a charge of \$30.00 in the event of an NSF cheque and it will need to be paid in cash along with the monthly fee immediately. I also understand I will be charged my regular monthly fee and \$20.00 per day for any payment made after the 1st of the month in which the payment is due.

Signature

Date

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This waiver is in effect from _____ to _____

CONSENT TO PHOTOGRAPH FORM

There will be times when the Creative Beginnings Preschool will want to take photographs of my child. I _____ hereby give my consent for the Creative Beginnings Preschool to take photographs of my child _____. These photographs may be used for display purposes within the facility, craft projects, newspaper, year-end slideshow or for advertising. Last names will not be used to correspond with photographs. I understand that pictures at special events and field trips may be taken without notice.

If you have any concerns or do not wish your child to have their photograph taken please inform the teacher.

Parent/Guardian Signature

Staff Signature

Date

TRANSPORTATION CONSENT

There will be times when we go for walks or walking field trips outside of our facility. Staff will ensure that the children are safe at all times with the correct ratio to staff requirement. Parents will be notified of these activities in most cases, however, there may be times when we have decided to do a walk during the class sessions. By signing this, you provide us authorization to take your child off the property for a walk or on a walking field trips. During the winter months, children will most often go on walks rather than outdoor play.

Parent/Guardian Signature

Staff Signature

Date

POLICY AND PROCEDURE AGREEMENT

I have read and understand the Creative Beginnings Preschool's Policies and Procedures. I am in agreement and understand the Guidance, Health, Evacuation and Emergency Policies and General responsibilities of the staff and also, myself the parent/guardian. Policies are found on our website at www.creativebeginningspreschool.ca

Parent/Guardian Signature

Staff Signature

Date