



Preschool Registration Checklist:

- \$50.00 deposit is due at time of registration. Deposits are non-refundable but are applied to the balance.
- Payment plans will be scheduled monthly due for the 1st of each month. First payment is due no later than August 31st.
- Ensure registration forms are filled and returned with a colored photo attached before orientation. Please provide as much detail as possible about your child's specific needs and preferences to help us assess the best fit for them in our program.
- The Family Handbook has been read, and the Family Handbook Agreement has been signed.
- Affordable Child Care Benefit (ACCB) must be completed online.
- Please be sure to check eligibility for the ACCB as criteria have changed making more families eligible.
- Affordable Child Care Benefit is recommended to be submitted well in advance. Processing times can take anywhere from 8-10 weeks. If ACCB approval is not received by August 31st, regular payments are due as scheduled.

NOTE: Program orientations are required for child & guardian newcomers to the program. Letters will be sent out in August.

Please reach out if you require assistance completing the registration package, we'd be happy to assist you.

We look forward to seeing you in September!



Childcare Program Information Form

Child's Information		
Surname:		Middle Name/s:
Given Name:		
Gender:	Date of Birth: YYYY/MM/DD	Starting Date: YYYY/MM/DD
Street Address:	City:	Province:
Phone Number:		Postal Code:
Child's First Language:		Child's Second Language:
Guardian(s) whom the child primarily lives with:		Withdrawal Date: YYYY/MM/DD

Guardian(s) Information		
Surname:	Given Name:	Relationship to Child:
Street Address (if different from above):		Cell Phone Number:
Place of Work:		Work Phone Number:
Email Address:		
Surname:	Given Name:	Relationship to Child:
Street Address (if different from above):		Cell Phone Number:
Place of Work:		Work Phone Number:
Email Address:		

Alternative Emergency Contacts Authorized to Pick-Up Child (cannot be the guardian/s and must live in Revelstoke)	
Surname:	Given Name:
Street Address:	Phone Number:
Relationship to Child:	
Surname:	Given Name:
Street Address:	Phone Number:
Relationship to Child:	



Additional Contacts Authorized to Pick-Up Child (friends, grandparents, nanny, babysitter etc....)

Name:	Phone Number:	Relationship to Child:

Contacts NOT Authorized to Pick-Up Child

Name:

Name:

Health & Nutrition

Is your child potty trained? **Yes** **No** Words used for potty training:

Please list any illness/es child has had:

Please tick any boxes that are associated with the child:

	Yes	No		Yes	No		Yes	No
Vision difficulties	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>	HIV	<input type="checkbox"/>	<input type="checkbox"/>
Speech / language difficulties	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Heart condition/s	<input type="checkbox"/>	<input type="checkbox"/>
Take medication/s	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	Behavioral issues	<input type="checkbox"/>	<input type="checkbox"/>
Hearing difficulties	<input type="checkbox"/>	<input type="checkbox"/>	Allergies	<input type="checkbox"/>	<input type="checkbox"/>	Requires special care	<input type="checkbox"/>	<input type="checkbox"/>
Dietary requirements (including dislikes)	<input type="checkbox"/>	<input type="checkbox"/>	Other health conditions	<input type="checkbox"/>	<input type="checkbox"/>	Connection to professionals (OT, PT, speech pathologist, behavior specialist, etc.)	<input type="checkbox"/>	<input type="checkbox"/>

Please provide details on any above boxes ticked "yes":

All About Me

Who does the child primarily live with? *

Are there siblings or pets in the house? Please list:

What are the names of the siblings or pets in the house?

Do you celebrate any special holidays? If so, please list

***If parents are separated and living apart, please provide us with any necessary court documents and parenting schedules. See our custody policy in the Family Handbook.**



Immunizations					
	Yes	No		Yes	No
DTaP-HB-IPV-Hib (2,4 & 6 months) (diphtheria, tetanus, pertussis, Hep-B, polio, Haemophilus influenzae type b)			Meningitis (2 & 12 months)		
Measles, Mumps, Rubella (MMR) (4 yrs)					

Emergency Health Information	
Doctor:	Phone Number:
Dentist:	Phone Number:
Care Card / Personal Health Number:	

Emergency Consent		
<p>It is the policy of this Centre to notify a parent when a child is ill or needs medical attention. Occasionally, we cannot contact guardians, and we need to get immediate help for the child. Our procedure is to call for medical help. Please sign below so that we can take appropriate action on behalf of your child.</p>		
<p>I hereby give my consent for my child _____ when ill, to be taken to the nearest emergency centre. I consent to an ambulance being called to transport the child, if necessary. I agree that any cost incurred shall be the sole responsibility of myself.</p>		
Parent/Guardian Signature:	Name:	Date Signed: YYYY/MM/DD

Parent/Guardian Signature:	Name:	Date Signed: YYYY/MM/DD
----------------------------	-------	----------------------------



Consent Form

Child's Name:

Guardian's Name/s:

Field Trips

I hereby give the City of Revelstoke childcare staff consent to take my child for walks or trips away from the Community Centre:

Yes, I consent

No, I DO NOT consent

Photography/Videography

From time to time the City of Revelstoke Childcare Staff will take photos or videos for use in classroom activities, guardian events, or for inclusion in a memory photo album. I hereby give consent for the City of Revelstoke Childcare Staff to photograph/ video tape my child for uses outlined in the paragraph above.

Yes, I consent

No, I DO NOT consent

Social Media

From time to time the City of Revelstoke Childcare Staff would like to take photos or videos of your child for use on the internet for the program's social media outlets: Facebook, Instagram and the City website. The children's names will not be published by the City of Revelstoke Childcare Staff on Facebook, Instagram or the City website.

Yes, I consent

No, I DO NOT consent

Sharing Information

Sharing contact information to other preschool families for social activities, including playdates, birthday parties, and other events.

Yes, I consent

No, I DO NOT consent

Professional Observation

We often have professionals such as OT, speech and language, teachers or school district staff attend our classroom. We ask your consent to allow professionals to observe your child during preschool activities. These observations are intended to enhance our understanding of child development and improve our educational programs. By consenting to this, preschool staff will be able to share observations made by classroom professionals.

Yes, I consent

No, I DO NOT consent

Parent/Guardian Signature:

Name:

Date Signed:
YYYY/MM/DD



Emergency Consent Card

Color photo
required

Child's Information		
Surname:		Given Name:
Middle Name/s:	Date of Birth: YYYY/MM/DD	Gender:
Street Address:	City: Province:	Postal Code:

Guardian/s Information		
Surname:	Given Name:	Relationship to Child:
Cell Phone Number:	Work Phone Number:	
Surname:	Given Name:	Relationship to Child:
Cell Phone Number:	Work Phone Number:	

Emergency Contact Information – must be local contact information		
Surname:	Given Name:	Relationship to Child:
Cell Phone Number:	Work Phone Number:	
Surname:	Given Name:	Relationship to Child:
Cell Phone Number:	Work Phone Number:	

Emergency Health Information		
Has your child received all childhood immunizations following schedule recommended by Public Health? (i.e: HBV, Polio, DPT, HIV, MMR)	Yes	No
Please list any vaccines your child does NOT have:		
Does this child have any allergies, take any medications or have any disabilities?		
If yes, please explain:		
Doctor:	Phone Number:	
Dentist:	Phone Number:	
Care Card / Personal Health Number:		

Emergency Consent		
It is the policy of this Centre to notify a parent when a child is ill or needs medical attention. Occasionally, we cannot contact guardians, and we need to get immediate help for the child. Our procedure is to call for medical help. Please sign below so that we can take appropriate action on behalf of your child.		
I hereby give my consent for my child _____ when ill, to be taken to the nearest emergency centre. I consent to an ambulance being called to transport the child, if necessary. I agree that any cost incurred shall be the sole responsibility of myself.		
Parent/Guardian Signature:	Name:	Date Signed: YYYY/MM/DD



Provincial Government Subsidies

AFFORDABLE CHILDCARE BENEFIT (ACCB)

The ACCB is a monthly payment to help eligible families with the cost of childcare. Factors like income, family size, and type of care determine how much support families can get. Families need to renew their application every year. An online [Initiative Estimator](#) is available to help estimate monthly fees. The estimator is intended to be used as a guide only; it is not a guarantee of payment.

Families can renew, apply for, and track their application status for the ACCB using the [My Family Services Portal](#). Please check the status of your ACCB application using the portal before calling the Preschool - we cannot submit applications on your behalf. ACCB Childcare Arrangement forms are available at the Community Centre. These application forms can be easily uploaded to your [My Family Services Portal](#). To find out if you qualify and how to apply, please visit [the Province's ACCD page](#). **Important:** When applying online, please pick up your required paperwork at the Community Centre.

CHILDCARE FEE REDUCTION INITIATIVE (CCFRI)

The Child Care Fee Reduction Initiative enhances childcare affordability for families by offering funding to eligible, licensed childcare providers to reduce and stabilize monthly childcare fees. Families do not need to apply with savings automatically applied on your monthly invoices.

CONTACT INFORMATION

BC Child Care Service Centre: 8:30 a.m. to 4:30 p.m., Monday to Friday Toll-free: 1-888-338-6622. Translation services are available in more than 140 languages.

New to Canada? You can also get help in person to complete your ACCB application from [Immigration Settlement Services](#).

ACCB Assistance in Revelstoke: If you have questions or require assistance with the ACCB application process, you can visit the Revelstoke Childcare Society at 1001 MacKenzie Avenue (inside Begbie View Elementary), call (250) 837-6669, or email revelstokeccrr2@live.ca for more information.



Credit Card Preauthorization Form

Name on Credit Card:	Name of Joint Cardholder (if applicable):	
CVC:	Expiry Date: YYYY/MM/DD	
Mailing Address:		Postal Code:
Cell Phone Number:	Work Phone Number:	

Child Enrolling's Name:
Preschool Program (2 year, 3 year, 4/5 year):

Payment Plan Installment Calculation (for Office use)	
Payment plan amount owed monthly:	\$
Please note: All regular payments are due on the 1st of each month. ACCB parent portions are due on the 30th of each month.	

Consent		
<p>Please note: All late payments past 30 days will begin to incur a 1.5% monthly charge on overdue accounts. The Personal Information collected on this form is done so under the provisions of the Freedom of Information and Protection of Privacy Act and shall be used only for the purposes of processing preschool payments by installment. Questions concerning your personal information can be directed to the Freedom of Information Coordinator at City Hall by calling (250) 837-2161.</p>		
<p>We hereby apply for the monthly preschool payment plan in the program identified above to be paid by monthly installments.</p>		
<p>I confirm that I have read and understood those terms and conditions.</p>		
<p>We hereby authorize the City of Revelstoke to withdraw monthly preauthorized payments from the credit card we provided with the amounts shown.</p>		
Signature:	Name:	Date Signed: YYYY/MM/DD
Signature (Joint Cardholders only):	Name:	Date Signed: YYYY/MM/DD