



**HIGHROAD**  
CHILDREN'S CENTRE

**2020-2021  
Preschool Application**

Date \_\_\_\_\_

*A registration fee of \$30.00 per family must accompany this form. Please make the cheque payable to **City Life Church**. This fee is non-refundable unless space is not available. Please note that terms such as "father", "mother" and "parent" refers to the legal guardian(s) of the prospective student.*

Parents' names \_\_\_\_\_

Student name \_\_\_\_\_

**I am applying for the following preschool class:**

**3 and 4 Year Old AM Class:** \$130.00/month

- Monday/Wednesday 9:00 to 11:30 am **OR**  Tuesday/Thursday 9:00 to 11:30 am  
Child's birth year: \_\_\_\_\_ Child's birth year: \_\_\_\_\_

**3 and 4 Year Old PM Class:** \$130.00/month

- Monday/Wednesday 12:20 to 2:50 pm **OR**  Tuesday/Thursday 12:20 to 2:50 pm  
Child's birth year: \_\_\_\_\_ Child's birth year: \_\_\_\_\_

**4 Year old 3<sup>rd</sup> day option:** \$20.00/month (based on availability)

- Friday 9:00 – 11:30 am **OR**  Friday 12:20 – 2:50 pm  
Child's birth year: \_\_\_\_\_ Child's birth year: \_\_\_\_\_

**You will be contacted to confirm the status of your application. We do our best to place your child in the preferred spot; however, we can not guarantee desired placement.**

## 1. Student Information

Male  Female  Date of admission requested \_\_\_\_\_

Does your student have aboriginal heritage? Yes  No

Name \_\_\_\_\_  
                     legal last name                      first                      second                      name called

Primary phone# \_\_\_\_\_ Secondary phone# \_\_\_\_\_

E-mail \_\_\_\_\_ (please print clearly and legibly)

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_  
**(Please attach a copy of student's birth certificate)**

Home address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal code \_\_\_\_\_

Mailing address (if different) \_\_\_\_\_

## 2. Family Information

Do you attend church? Yes  No  if so, which church do you attend?

\_\_\_\_\_

Father's name \_\_\_\_\_ occupation \_\_\_\_\_

Mother's name \_\_\_\_\_ occupation \_\_\_\_\_

Marital status: Married  Widowed  Divorced  Separated  Single

Student lives with \_\_\_\_\_

Language spoken at home \_\_\_\_\_

Are there other children in your family? Yes  No

What are their names and birthdates?

\_\_\_\_\_

Primary emergency contact \_\_\_\_\_  
**(other than parents)**

Phone \_\_\_\_\_ Relationship to student \_\_\_\_\_

Secondary emergency contact \_\_\_\_\_  
**(other than parents)**

Phone \_\_\_\_\_ Relationship to student \_\_\_\_\_

Family doctor \_\_\_\_\_ Phone \_\_\_\_\_

In case of accident or illness, I authorize the Centre staff to contact a physician and/or ambulance if a parent or guardian cannot be reached immediately. Yes

I authorize the following people to pick up my child/ren from the Preschool facility:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone number \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_

### 3. Personal Information

What interests, activities and tv programs does your child enjoy?

---

How does your child react to injuries?

---

What helps your child recover from setbacks, injuries or upsets?

---

What kind of physical risks and challenges does your child seek?

---

**Are there concerns in the following areas that the Centre should be aware of?**

**a. Developmental Skills**

Has your child ever been assessed or diagnosed with any type of learning disability?

Yes  No

Has your child ever been involved with outside services such as:

IDP, SCD, or any therapies such as OT/PT, SLT Yes  No

Do you feel concerned with any areas of your child's development or suspect your child may have ADD/ADHD or anxiety? Yes  No

Have they ever been seen by a paediatrician for specific developmental concerns? Yes  No

If yes, please explain:

---



---

**b. Social**

Have there been any significant changes in the child's life during the past year (example: move/death/separation)? Yes  No

If so, please indicate details: \_\_\_\_\_

Does your child have any specific fears? Yes  No

If so, what are they? \_\_\_\_\_

Children must be toilet trained in order to attend preschool.

Is your child toilet trained? Yes  No

If not, do you feel that he/she will be before preschool starts? Yes  No

**c. Medical**

Does your child have any allergies, food intolerances or medical conditions? Yes  No

If yes, what? \_\_\_\_\_

Does your child take any prescription drugs on a regular basis? Yes  No

If yes, what? \_\_\_\_\_

#### d. Financial

Has your child previously attended a preschool or daycare? Yes  No

If yes, please indicate where \_\_\_\_\_

- We are planning on applying for Affordable Child Care Benefits through the Province of British Columbia (<http://bit.ly/2sd2lzy>): Yes/No/Maybe

#### e. Miscellaneous

Is there any other information pertinent to your child's registration?

\_\_\_\_\_

#### 1. Conditions of Registration

*Please check the following:*

- We have read Highroad Children's Centre Handbook and fully understand the commitment we are making. We agree to abide by the rules of conduct and discipline of the Centre as outlined therein.
- We have enclosed a copy of the student's birth certificate and, if needed, the appropriate documents in regard to citizenship status.
- We have indicated if our child is immunized (please circle): Yes / No / Don't know / Partially
- We have enclosed the registration fee of \$30.00 per family. We are aware that monthly payments are due on the fifth of each month.  
These payments must be made **by pre-authorized debit.**

#### 2. Verification

We certify that the above information is true and accurate to the best of our knowledge. We agree with and commit to abide by the information laid out in this application, including the parent commitment. We hereby authorize Highroad Academy to verify all information provided, including but not limited to financial, criminal, medical, and scholastic information. We further authorize any previous Centres our child attended to release any pertinent information requested by Highroad Academy.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

### 3. Parent Commitment

*Both parents/guardians must initial boxes after each section.*

**Spiritual and Moral Atmosphere:** We recognize the vital and important role that parents and the home fulfill in providing a foundation for the success of our child. We understand and respect the Christian morals and values that Highroad Children's Centre, under the leadership of City Life Church, seeks to instill and reinforce in our children's lives. We understand that Highroad Children's Centre does not tolerate profanity, obscenity in word or action, or disrespect to the staff and leaders of the Centre. The Centre's conviction is that the Bible is the final authority on all matters of life. We recognize and support the spiritual atmosphere that the Centre's administration seeks to maintain.



**Centre Discipline:** We agree to support the Centre policies and regulations and authorize the staff to employ discipline as they deem just, wise and expedient for the training of my child. We understand that the Centre reserves the right, after parental conference, to dismiss any child who fails to comply with the established regulations and discipline or whose parents do not assume their responsibilities to Highroad Children's Centre.



**Centre Participation:** We understand that our child is encouraged to take part in class activities Highroad Children's Centre sponsored trips away from the Centre building. We absolve Highroad Children's Centre from liability for us or our child in the case of any injury to them at supervised Centre activities.



**Financial Responsibility:** We commit to assume our scriptural and contractual responsibility to financially support the Centre by paying all tuition and other fees in a timely manner.



Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_