



## Registration Package Langley Christian School

**Classes for 3 year olds:** Tuesday/Thursday Mornings • 8:30 to 11 am  
**Classes for 3 & 4 year olds:** Tuesday/Thursday Afternoons • 12:15 to 2:45 pm  
*Children must be age 3 by Dec 31 (year of enrollment) before starting the age 3 or 3/4 class.*

**Classes for 4 year olds:** Monday/Wednesday/Friday Classes  
 Morning class: 8:30 to 11 am • Friday morning late start: 9:00 – 11:30 am  
 Afternoon class: 12:15 to 2:45 pm  
*Children must be age 4 before the end of the year.*

Tuition:	Registration	Age 3 AM	Age 3 & 4 PM	Age 4 AM	Age 4 PM
September 2017 - June 2018	\$25	\$105	\$105	\$140	\$140
September 2018 - June 2019	\$25	\$120	\$120	\$160	\$160
September 2019 - June 2020	\$25	\$120	\$120	\$160	\$160

Pay Registration Fee(s) & Tuition Deposit(s) by cheque or credit card:

Number: \_\_\_\_\_ Expiry: MM/YY \_\_\_\_/\_\_\_\_ CSV: \_\_\_\_\_

Name on card: \_\_\_\_\_ Signature: \_\_\_\_\_

### Registration Checklist:

- Completed Registration Package
- Pastoral Reference Form (Only if not already submitted)
- \$25 Registration Fee PER YEAR (Charged upon receipt of registration)
- One month tuition deposit PER YEAR (Charged January, year of enrolment)
- If applicable, Non-Immunization Release Form (Available at the LCS Central Office)
  - Emergency Consent Card
  - Copy of Birth Certificate



# PRESCHOOL REGISTRATION

Child's name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Primary Email: \_\_\_\_\_

Birth date: \_\_\_\_\_ Gender: \_\_\_\_\_ Place of birth: \_\_\_\_\_

What would you like your child to be called at Preschool? \_\_\_\_\_

2017: \$25 Registration Fee

*Spaces available in the following programs:*

- (a)  three year-old program (2 mornings per week) @ \$ 105.00 per month
- (c)  four year-old program (3 mornings/afternoons per week) @ \$ 140.00 per month PM\_\_

2018: \$25 Registration Fee

*Please note: The one month's tuition deposit will be charged January 2018*

- (a)  three year-old program (2 mornings per week) @ \$ 120.00 per month
- (b)  three/four year-old program (2 afternoons per week) @ \$ 120.00 per month
- (c)  four year-old program (3 mornings/afternoons per week) @ \$ 160.00 per month Preference: AM\_\_ PM\_\_

2019: \$25 Registration:

*Please note: The one month's tuition deposit will be charged January 2019*

- (a)  three year-old program (2 mornings per week) @ \$ 120.00 per month
- (b)  three/four year-old program (2 afternoons per week) @ \$ 120.00 per month
- (c)  four year-old program (3 mornings/afternoons per week) @ \$ 160.00 per month Preference: AM\_\_ PM\_\_

## FAMILY INFORMATION

**Mother/Guardian:** \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code : \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer/Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Father/Guardian:** \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer/Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Are you considering continuing with Langley Christian School for kindergarten? Yes:\_\_\_\_ No:\_\_\_\_ Uncertain:\_\_\_\_

Younger Siblings:

Child's name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Child's name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Child's name: \_\_\_\_\_ Birth date: \_\_\_\_\_

**MEDICAL INFORMATION: the following information is required for admission to preschool.**

Is your child's immunization up-to-date?  yes  no: if no, please sign non-immunization form available at LCS Central Office

Is your child toilet trained?  yes  no

Does your child have any allergies, sensitivities, medical and/or developmental concerns we should be aware of?  yes  no

If yes, please explain: \_\_\_\_\_

Have you had your child's vision checked?  yes  no

Has your child ever received speech or language support?  yes  no

Has your child ever received support from a Child Development Center?  yes  no

If yes, include specific signs/symptoms, support given, and course of action needed: \_\_\_\_\_

Care Card Number: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Persons to contact in case of emergency (if parents/guardians cannot be reached) who may also pick up from preschool

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

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

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

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

Personal Reference:

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

How did your first hear about Langley Christian School? \_\_\_\_\_

If this is your first child, or children attending the school, please state your reasons for registering at Langley Christian School? \_\_\_\_\_

I/We consent to having photographs of my child to be used by LCS in the yearbook, newsletters, website and other promotional materials.

I/We do not consent to having photographs of my child to be used by LCS in the yearbook, newsletters, website and other promotional materials.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

*Parent/Guardian*

\_\_\_\_\_  
Date: \_\_\_\_\_

*Parent/Guardian*



# CONDITIONS AND COMMITMENT OF PRESCHOOL REGISTRATION

I/We \_\_\_\_\_ the parent(s)/legal guardian(s) of the child named on the student registration form declare the following:

1. I/We have read and understand all of the policies and procedures in the Preschool Handbook and fully understand the commitment I/we are making.
2. If my child is attending LCS Kindergarten, the Preschool has my permission to share information that will ease the transition to Kindergarten.
3. I/We have read and understand the preschool late pick up fee policy.
4. In making this application to enroll our child in the Langley Christian Preschool I/we understand and agree with the purpose of this school as stated in Article 2 of the Constitution and indicate that I/we enroll our child because of my/our earnest desire that he/she receive a Christ centered education. If my/our child is accepted by the school I/we agree that his/her education will be in harmony with the constitution of the LCS Society, that he/she is subject to the policies of the LCS Board, and to the authority invested by the board in the Principal and Preschool Director.
5. If there are concerns with a child's behaviour or concerns with a parent's/guardian's behaviour, all efforts will be made to resolve these matters. Resolution steps will include meetings between parents/guardians and teachers. If all efforts are unsuccessful in obtaining a resolution, and should the class be deemed a poor fit for the child and/or their family, registration/enrollment may be revoked with no given notice. Such circumstances are a last resort for cases involving support needs, aggressive and/or abusive behaviour (by either child or guardian).
6. I/We are enclosing a non-refundable registration fee of \$25.00 per class
7. I/We are enclosing one month's fee per class to be applied to the last month's fee. Please note that this fee is non-refundable if application is withdrawn after **May 1st** the year of admission.
8. I/We will give one month's written notice, or one month's fee (in lieu of notice) if the child leaves during the school year.

**9. I/We pledge to pay the preschool fee for the afore mentioned child in the following manner:**

\_\_\_\_\_ **in full on the first day of preschool**  
 \_\_\_\_\_ **in two installments on September 1st and January 15th**  
**Preauthorized Payments:** \_\_\_\_\_ **10 mth (Sept – June) Day of the week to withdraw debit:** \_\_\_\_\_  
 Note: Please attach a blank cheque or write in full cheque number here: \_\_\_\_\_

\_\_\_\_\_ (Date)                      \_\_\_\_\_ (Signature of Parent/Guardian)                      \_\_\_\_\_ (Signature of Parent/Guardian)

*Person responsible for financial obligation if different from parent(s) with whom child lives.*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_