



Registration/Enrollment Package

Thank you for choosing Beyond Our Dreams Preschool and Daycare. We look forward to working with your family as your child grows and develops. **Your child's spot is confirmed upon submission of the registration package, the non-refundable first month's fees and the \$250.00 deposit.**

Fees for the 2026-2027 school year:

Half-day preschool (Mornings 9:00AM to 11:55AM (\$31.00 per day) or afternoons 12:00PM to 2:55PM (\$31.00 per day) or full-day preschool (9:00AM to 2:55PM \$50.00 per day.)

Optional meal plan available; full-day \$25, half-day mornings \$10, half-day afternoons \$15.

Statutory holidays: \$18 per students per stat holiday.

*Fees are due on the first day of each month. Please submit by cash, cheque or e-transfer to christine@beyondourdreams.ca. Refunds are not given for illness or absence. Income tax receipts will be issued in January of each year.

Indicate which days you would like to enroll your child and if you would like to add a meal plan:

Meal Plan (MP)	Monday	MP	Tuesday	MP	Wednesday	MP	Thursday	MP	Friday	MP
Morning										
Afternoon										

Please include the following in your submitted registration package:

- ☐ Completed Registration Forms
- ☐ Emergency Contact and Media Release Form
- ☐ First Month's Fee
- ☐ \$250 Deposit
- ☐ Immunization Record

- ☐ Admission Date: _____
- ☐ Discharge Date: _____

REGISTRATION AND EMERGENCY INFORMATION FORM

Student:

Name: _____

☐ Male ☐ Female

Date of Birth (DD/MM/YY): _____ Home Phone: _____

Health Card Number: _____ Country of Birth: _____

Main Language Spoken at Home: _____

Address: _____

_____ Postal Code: _____

Parent/Guardian Information:

Name: _____ **Relationship to student:** _____ ☐ Male ☐ Female

Address: _____

_____ Postal Code: _____

Place of Employment:

Daytime Phone: _____ Cell Phone: _____ Work Phone: _____ ext. _____

E-mail: _____

Has authorization to pick up student: ☐ Yes ☐ No

Name: _____ **Relationship to student:** _____ ☐ Male ☐ Female

Address: _____

_____ Postal Code: _____

Place of Employment:

Home Phone: _____ Mobile Phone: _____ Work Phone: _____ ext. _____

E-mail: _____

Has authorization to pick up student: ☐ Yes ☐ No

Custody Arrangements:

Emergency Contacts:

Name: _____ Relationship to student: _____ ☐ Male ☐ Female

Address: _____

_____ Postal Code: _____

Home Phone: _____ Mobile Phone: _____ Work Phone: _____ ext. _____

E-mail: _____

Has authorization to pick up student: ☐ Yes ☐ No

Name: _____ Relationship to student: _____ ☐ Male ☐ Female

Address: _____

_____ Postal Code: _____

_____ Postal Code: _____

Home Phone: _____ Mobile Phone: _____ Work Phone: _____ ext. _____

E-mail: _____

Has authorization to pick up student: ☐ Yes ☐ No

Potassium Iodide Pill:

In the event of an accident at the Darlington Nuclear Station, radioactive emissions may occur. One type of radioactive material which may be released are radioiodines. If radioiodines are inhaled, they are absorbed by the thyroid gland. The ingestion of potassium iodide (KI) pills will minimize the amount of radioiodine absorbed by the thyroid. KI pills have been provided to all school and businesses within 10 km.

I give permission for my son/daughter to be administered a potassium iodide (KI) pill: ☐ Yes ☐ No

My child is allergic to iodine: ☐ Yes ☐ No

Additional Information:

Family doctor: _____ Phone: _____

Address: _____

_____ Postal Code: _____

Allergies:

Does your child have anaphylaxis: ☐ Yes ☐ No

Does your child carry an EpiPen? ☐ Yes ☐ No

Medications:

Medical Conditions (please include any special requirements in respect of diet, rest or physical activity):

Additional Information (please attach individualized plan, and/or authorization for drug/medication administration form if applicable):

If opting out from the meal plan, please explain how we can best support their packed lunches and snacks. Include details like their favourite types of food and if we will need to open containers or support them in any way:

Finally, how do you see yourself being an extension of what your child learns each day at preschool?

I certify that the information provided on this form is accurate. Please sign, below, once you have read through our parent handbook, understand our policies and completed the registration package.

The parent handbook can be found at: <https://beyondourdreams.ca/registration-%26-forms>

Parent/Guardian Signature: _____ Date: _____