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. Please note that we have requested the information required to follow the guidelines laid out by the Ministry of Education. **Your child's spot is confirmed upon submission of the registration package, the non-refundable first month's fees and last month's fee deposit.**

Fees for the 2025-2026 school year:

Half-day preschool (Mornings 9:00AM to 11:55AM ($28.00 per day) or afternoons 12:00PM to 2:55PM ($28.00 per day) or full-day preschool (9:00AM to 2:55PM $50.00 per day.)

Fees are due on the first day of each month. Please submit by e-transfer at 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:

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					

Please include the following in your submitted registration package:

☐ Completed Registration Forms	☐ Immunization Record
☐ First Month's Fee	☐ Admission Date: _____
☐ Last Month's Deposit	☐ 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: _____

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):

_____

_____

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 and completed the registration package.

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

Parent/Guardian Signature: _____ Date: _____