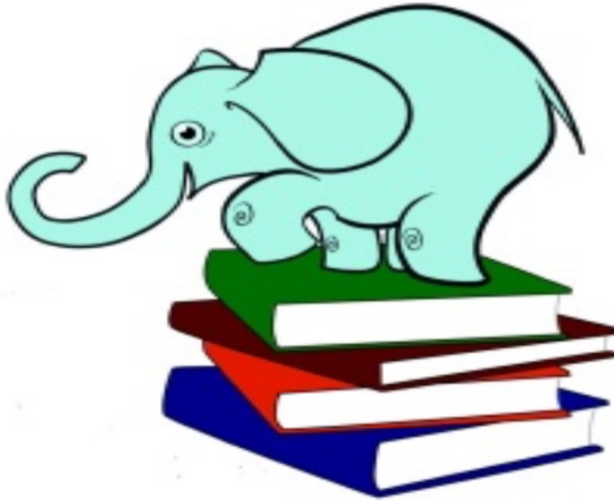


CAMBRIDGE LEARNING CENTRES REGISTRATION

CHILD CONSENT CARD



PLEASE ATTACH CHILD'S
PHOTO TO THIS FORM

CHILD'S NAME (*LAST, FIRST MIDDLE*):

MALE

FEMALE

CHILD'S BIRTHDATE (*YEAR MONTH DATE*):

CHILD'S PERSONAL HEALTH NUMBER:

HOME TELEPHONE:

MOTHER'S NAME:

FATHER'S NAME:

MOTHER'S CELLULAR #:

FATHER'S CELLULAR #:

MOTHER'S E-MAIL:

FATHER'S E-MAIL:

MOTHER'S WORK #:

FATHER'S WORK #:

EMERGENCY CONTACT NAME:

RELATIONSHIP TO CHILD:

EMERGENCY CONTACT HOME TELEPHONE:

EMERGENCY CONTACT CELLULAR #:

FAMILY DOCTOR:

FAMILY DOCTOR'S TELEPHONE:

DATE OF MOST RECENT TETANUS SHOT:

ALLERGIES &/OR MEDICATIONS

FOR CAMBRIDGE LEARNING CENTRE USE ONLY

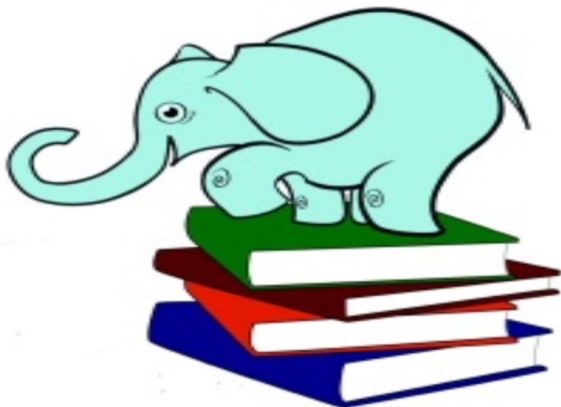
SCHOOL FILE

CAMBRIDGE LEARNING CENTRES REGISTRATION

REGISTRATION CHECKLIST

- 1 Completed Registration Package STUDENT NAME: _____
- 2 Personal Health Number / Care Card #
- 3 Copy of Immunization Records
- 4 Copy of Birth Certificate
- 5 Recent Photograph of Child
- 6 Registration Fee of \$100.00
 - Cheque
 - Cash
 - Issued Receipt (*Indicate Receipt #*)
- 7 Is client applying for Affordable Childcare Benefits? YES NO
- 8 10 Posted Cheques dated the '**1st of each Month**' (*made payable to: [Cambridge Learning Centres Inc.](#)*)
 - August 01
 - September 01
 - October 01
 - November 01
 - December 01
 - January 01 (*Ensure cheque dated for the following year*)
 - February 01
 - March 01
 - April 01
 - May 01

There will be a \$45.00 charge for all returned NSF cheques.



For more information, please contact:

Mrs. Sidhu

604-655-5005

cambridgepreschool@shaw.ca

FOR CAMBRIDGE LEARNING CENTRE USE ONLY

CAMBRIDGE LEARNING CENTRES REGISTRATION

FOR OFFICE USE ONLY

REGISTRATION DATE:

START DATE:

SCHOOL:

- ☐ George Greenaway Elementary ☐ Hyland Elementary ☐ Maple Green Elementary
☐ Martha Jane (M.J.) Norris Elementary ☐ Ray Shepherd Elementary

PRESCHOOL SESSION:

- ☐ AM Class ☐ PM Class

NUMBER OF DAYS:

- ☐ 2-Day ☐ 3-Day ☐ 5-Day

BEFORE & AFTER SCHOOL CARE:

- ☐ Before Care ☐ After Care ☐ Before & After Care

CHILD INFORMATION

CHILD'S NAME (*LAST, FIRST MIDDLE*):

CHILD'S BIRTHDATE (*YEAR MONTH DATE*):

MALE

FEMALE

☐☐

HOME ADDRESS:

HOME TELEPHONE #:

HOME FAX #:

PARENT INFORMATION

MOTHER'S NAME:

FATHER'S NAME:

MOTHER'S CELLULAR #:

FATHER'S CELLULAR #:

MOTHER'S E-MAIL:

FATHER'S E-MAIL:

MOTHER'S WORK #:

FATHER'S WORK #:

EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT NAME #1:

EMERGENCY CONTACT NAME #2:

CELLULAR #:

CELLULAR #:

HOME TELEPHONE #:

HOME TELEPHONE #:

RELATIONSHIP TO CHILD:

RELATIONSHIP TO CHILD:

FOR CAMBRIDGE LEARNING CENTRE USE ONLY

CAMBRIDGE LEARNING CENTRES REGISTRATION

AUTHORIZATION FOR PICK-UP

Your child will only be released to an authorized person listed on this form (parent/guardian &/or emergency contact). In case of an emergency or an unforeseen circumstance, please indicate the name and numbers of any other person(s), who you authorize to pick up your child on your behalf.

NAME #1:

NAME #2:

CELLULAR #:

CELLULAR #:

HOME TELEPHONE #:

HOME TELEPHONE #:

RELATIONSHIP TO CHILD:

RELATIONSHIP TO CHILD

OTHER INFORMATION

CHILD'S FIRST LANGUAGE:

CHILD'S SECOND LANGUAGE:

CHILD'S SIBLINGS (NAME & AGE):

ADDITIONAL INFORMATION:

How did you hear about us?

HEALTH & IMMUNIZATION INFORMATION

FAMILY DOCTOR:

FAMILY DOCTOR'S TELEPHONE:

CHILD'S PERSONAL HEALTH NUMBER:

Please list any medical concerns that the school needs to be aware of, including medications, psychological and/or physical special needs, learning disabilities, etc:

PLEASE CHECK APPLICABLE BOX BELOW:

My child has no allergies:

My child's allergies are **NOT** life threatening. Allergic to:

My child's allergies symptoms are:

My child's allergies **ARE** life threatening. Allergic to:

If your child suffers from life threatening allergies, it is essential that you complete the school's Allergy Information Form and personally inform your child's teacher. It is the **parent's responsibility** to provide guidance to the school with respect to the prevention of and treatment to allergic reactions. Please ensure that the school has received specific instructions **PRIOR** to your child attending classes in September.

IMMUNIZATION RECORDS:

Please provide a photocopy of your child's Immunization Booklet confirming your child's dates of immunization. Immunizations include PT/IPV/HIB (1 & 2), MR, DPTP or QUAD (Kindergarten booster). Please note that children up to 6 years old are eligible for the Varicella (chickenpox) vaccine, unless they have already had the disease.

FOR CAMBRIDGE LEARNING CENTRE USE ONLY

CAMBRIDGE LEARNING CENTRES REGISTRATION

PRIVACY ACT

I consent to having Cambridge Learning Centres Inc collect personal information that may include student identification information, birth certificate, legal guardianship, court orders if applicable, parents' work numbers and e-mail addresses, behavioral, academic and health information, emergency contact name and number, doctor's name and number, health insurance number and any similar information needed for registration.

I consent to photographs and work samples of my child to be used in:

☐

Classroom projects & presentations

Newsletter, website & promotional material

SIGNATURE OF PARENT/GUARDIAN:

DATE

ENROLLMENT

Will you be applying for Affordable Childcare Benefits?

YES

☐

NO

☐

For more, please visit: <https://www2.gov.bc.ca/gov/content/family-social-supports/caring-for-young-children/child-care-funding/child-care-benefit>

Please note that your non-refundable registration fee of \$100.00 is due at time of registration. Tuition in the form of 10 post-dated cheques are required at time of registration.

SIGNATURE OF PARENT/GUARDIAN:

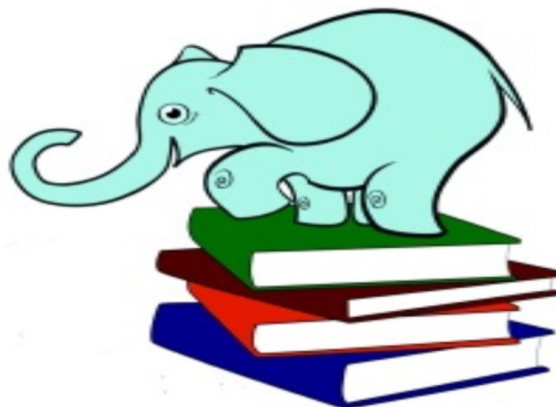
SIGNATURE OF SUPERVISOR

NAME OF PARENT/GUARDIAN:

NAME OF SUPERVISOR

DATE

DATE



FOR CAMBRIDGE LEARNING CENTRE USE ONLY

CAMBRIDGE LEARNING CENTRES REGISTRATION

PARENT AGREEMENT

I, the undersigned, agree to the following:

- 1 To enroll my child at Cambridge Learning Centres Inc (Preschool, Childcare &/or Tutoring) for the current school year.
- 2 To provide the school with all fees and tuition payments prior to the dates they are due. _____
INITIAL
- 3 Cambridge requires one month's notice (30 days) or one months payment in lieu of notice. If notice is given part way through the month, you will be charged in full for the following month. Also, spots will not be held for extended vacation (20 consecutive school days) and will be given to students on waitlist, unless fees paid for the absent month. This allows us the necessary time to fill your spot. Please note registration fees are non-refundable and are not applied towards the monthly fees owing. In addition, any withdrawals after April 1st will also forfeit the June deposit. _____
INITIAL
- 4 There will be a **\$45.00** charge for all returned NSF cheques. _____
INITIAL
- 5 When arriving at school, to deliver my child on time and directly to a staff member, and not to take my child from school without informing a staff member and to pick up my child on.
- 6 To notify the school in advance if any person other than parent/guardian is picking up my child.
- 7 There will be a **\$20.00** service charge for the first 15 minutes and thereafter an additional charge of a \$1.00 per minute for late pick-ups. On rare occasion, if an emergency arises, notify the centre as soon as possible and make arrangements for pickup. _____
INITIAL
- 8 To advise the school if there are any changes in the family relationship, including any changes to the custody/access of the child.
- 9 I understand that absences due to illness or holiday and school closures due to severe weather conditions and/or natural disasters are not exempt from payment. _____
INITIAL
- 10 To keep my child from school if there is any question of illness, and to notify the school about any serious illness.
- 11 That permission is granted to call a physician or ambulance in case of an accident.
- 12 The school reserves the right to release a child if the school decides it is best for the child and/or the school.
- 13 To ensure that your child has a positive school experience, there will be a phase-in schedule for the month of September. A copy of the schedule will be provided to you before _____
INITIAL
- 14 Cambridge Learning Centres Inc follows the Surrey School District Calendar and will be closed for all observed holidays and will follow all school closures included in the Surrey School District Calendar (i.e. - non-instructional days & winter/spring breaks, etc.). Fees will not be pro-rated. _____
INITIAL
- 15 In case of injury to my child while in care of Cambridge Learning Centres Inc. I hereby waive all claims against the school in excess of public liability insurance (\$5,000,000.00) carried by all Cambridge Learning Centres. _____
INITIAL

I have read, understand and agree to abide by Policies & Procedures outlined in Parent Handbook & the above-noted Parent Agreement, as set forth by Cambridge Learning Centres Inc.

SIGNATURE OF PARENT/GUARDIAN

DATE

I hereby certify that all the information given regarding my child's registration is deemed complete and correct.

SIGNATURE OF PARENT/GUARDIAN

DATE

FOR CAMBRIDGE LEARNING CENTRE USE ONLY