



# LIL' SAINTS PRESCHOOL

Box 10, 3900 Arthur Drive, Delta B.C. V4K 3N5  
Phone: (604) 946-4525, Website: <https://shsdelta.ca> Email: [lil'saintspreschool@shsdelta.org](mailto:lil'saintspreschool@shsdelta.org)

## Registration Package Checklist 2021/22:

Child's Surname: \_\_\_\_\_ Usual Name: \_\_\_\_\_

- Application Form
- Registration Form
- Application fee \$65 + one month's deposit
- Pre-Authorized Debit Form with a void cheque attached **or** 9 post-dated cheques (September to May)
- Parent / Child Privacy Form
- Copy of Care Card
- Copy of Birth Certificate
- Copy of Immunization Records
- Emergency Consent Card – Fraser Health
- Nature Walk Consent Form

**\*Please note that incomplete registration packages will not be accepted.**





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## 3 Year Old Class Application Form 2021/2022

One month's deposit plus \$65 application fee **must be pre-paid**. Registration fees are **NON-REFUNDABLE**.  
(The deposit is refundable only if your child is not accepted or if the classes you have requested are full).

*\*Please indicate with an X the option you would like to register for:*

Option 1- Regular Preschool Class (8:45-12:45 (4 Hour Program))

- 2 Days/wk. - Tuesday/Thursday - \$210/month
- 3 Days/wk. - Monday/Wed/Friday - \$300/month
- 5 Days/wk. - Monday-Friday - \$500/month

Option 2- Extended Preschool Class (8:45- 2:45 (6 Hour Program))

- 2 Days/wk. - Tuesday/Thursday - \$300/month
- 3 Days/wk. - Monday/Wed/Friday - \$390/month
- 5 Days/wk. - Monday-Friday - \$650/month

(Please note: Children are dismissed at 1:45 on Wednesdays and 12:45 on Fridays)

\*Children bring their own snacks and lunch.

\*I have enclosed a cheque in the amount of **\$65 application fee and a one month deposit**, and I understand that the registration fee is NON-REFUNDABLE. (*Please make cheques payable to Sacred Heart Parish. The one month deposit is due upon admission and must be included with the registration package in order for your package to be considered complete & to reserve a spot for your child / children.*)

*\*Returning students and siblings may issue just 1 cheque for both the registration fee and one month deposit. First month deposit will be applied towards your June fees. PAD's will commence September 1st, postdated cheques must be dated September 1st- May 1st of the enrollment year.*

Please note that there will be a **\$15 NSF fee** for any returned cheques or PAD with insufficient funds.

*I understand that I must give one full month's notice of withdrawal or I will pay for the following month.*

\_\_\_\_\_  
Signature

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

#: \_\_\_\_\_

\*Please Note: #. \_\_\_ is for administration purposes only and does not guarantee admission.



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## Child and Family Information

Child's Name: \_\_\_\_\_  
(Surname) (First Name)

Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Year Month Day

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### Additional Information About Your Child:

Does your child have any Allergies? \_\_\_\_\_ EpiPen Needed?: Yes/No

Have your child been previously referred to other professionals for any of the following:

- Speech
- Behaviour / Social Emotional/ Developmental Delays
- Any Medical Concerns

If so please specify: \_\_\_\_\_

Do you intend to apply to Sacred Heart School's Kindergarten in the future:  Yes  No

Has your child attended another preschool?  Yes  No

Name of previous preschool: \_\_\_\_\_

### New Students:

**\*Please include all the required documents along with this application form.**

### Returning Students:

**You DO NOT need to complete another information sheet unless there are changes to your information.**



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## JK Application Form 2021/2022

One month's deposit plus \$65 application fee **must be pre-paid**. Registration fees are **NON-REFUNDABLE**.  
(The deposit is refundable only if your child is not accepted or if the classes you have requested are full).

**\*Please indicate with an X the option you would like to register for:**

Option 1- Regular Preschool Class 8:45-12:45 (4 Hour Program)

- 2 Days/wk. - Tuesday/Thursday - \$230/month
- 3 Days/wk. - Monday/Wed/Friday - \$320/month
- 5 Days/wk. - Monday-Friday - \$535/month

Option 2- Extended Class 8:45- 2:45 (6 Hour Program)

- 2 Days/wk. - Tuesday/Thursday - \$305/month
- 3 Days/wk. - Monday/Wed/Friday - \$405/month
- 5 Days/wk. - Monday-Friday - \$650/month

(Please note: Children are dismissed at 1:45 on Wednesdays and 12:45 on Fridays)

\*Children bring their own lunch, snacks will be provided.

\*I have enclosed a cheque in the amount of **\$65 application fee and a one month deposit**, and I understand that the registration fee is NON-REFUNDABLE. **(Please make cheques payable to Sacred Heart Parish.) The one month deposit is due upon admission and must be included with the registration package in order for your package to be considered complete & to reserve a spot for your child / children.**

**\*Returning students and siblings may issue just 1 cheque for both the registration fee and one month deposit. First month deposit will be applied towards your June fees. PAP will commence September 1st, postdated cheques must be dated September 1st- May 1st of the enrollment year.**

Please note that there will be a **\$15 NSF fee** for any returned cheques or PAD with insufficient funds.

**I understand that I must provide one full month's notice of withdrawal or I will be required to remit tuition for the following month.**

\_\_\_\_\_  
Signature

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

#: \_\_\_\_\_

\*Please Note: # \_\_\_\_\_ is for administration purposes only and does not guarantee admission.



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## Child and Family Information

Child's Name: \_\_\_\_\_  
(Surname) (First Name)

Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Year Month Day

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### Additional Information About Your Child:

Does your child have any Allergies? \_\_\_\_\_ EpiPen Needed?: Yes/No

Have your child been previously referred to other professionals for any of the following:

- Speech
- Behaviour / Social Emotional/ Developmental Delays
- Any Medical Concerns

If so, please specify: \_\_\_\_\_

Do you intend to apply to Sacred Heart School's Kindergarten in the future:  Yes  No

Has your child attended another preschool/ daycare before?  Yes  No

Name of previous preschool/ daycare: \_\_\_\_\_

### New Students:

**\*Please include completed registration forms and all the required documents along with this application form.**

### Returning Students:

**You DO NOT need to complete another information sheet unless there are changes to your information.**

# Registration Form



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

Child's Last Name: \_\_\_\_\_

Given Name(s): \_\_\_\_\_

Name child is known by (*if different from above*): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: ( ) Female ( ) Male

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

Father's Name: \_\_\_\_\_

Phone: \_\_\_\_\_ (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Employer: \_\_\_\_\_ Email address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Phone: \_\_\_\_\_ (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Employer: \_\_\_\_\_ Email address: \_\_\_\_\_

3900 Arthur Drive  
PO Box 10 Delta, B.C. V4K 3N5

Telephone: 604-946-4525  
Email: [lil'saintspreschool@shsdelta.org](mailto:lil'saintspreschool@shsdelta.org)

**Lil' Saints Preschool**

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Legal Guardian (if other than parent):

\_\_\_\_\_

Phone: \_\_\_\_\_ (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Employer: \_\_\_\_\_ Email address: \_\_\_\_\_

**Person(s) Authorized to Pick Up Child** (including Emergencies)

(other than Parent/Guardian listed above)

Please provide 2 contacts

Name	Relationship	Phone Number
1. _____	_____	_____
2. _____	_____	_____

**Person(s) Not Authorized to Pick Up Child** (*If Applicable*)

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

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

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**Lil' Saints Preschool**



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### Health Information

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

Doctor's Name: \_\_\_\_\_ Phone Num-  
ber : \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone Num-  
ber: \_\_\_\_\_

Allergies: \_\_\_\_\_

Special Instructions in event of an allergic reaction: \_\_\_\_\_

Do you have any of the following concerns about your child? Please describe.

Speech and language development \_\_\_\_\_

Physical development \_\_\_\_\_

Hearing \_\_\_\_\_

Vision \_\_\_\_\_

Behaviour \_\_\_\_\_

### Immunization Record (Please check or attach photocopy of Record)

I have chosen not to have my child immunized ( )

Or

My child has been immunized as indicated below:

Date:

- ( ) Diphtheria and Tetanus \_\_\_\_\_
- ( ) Hib Meningitis \_\_\_\_\_
- ( ) Pertussis (WhoopingCough) \_\_\_\_\_
- ( ) Polio \_\_\_\_\_
- ( ) Rubella(GermanMeasles) \_\_\_\_\_
- ( ) Rubeola(RedMeasles) \_\_\_\_\_
- ( ) Other Immunizations \_\_\_\_\_

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## Lil' Saints Preschool

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## Child's Social Information

Are there any other children in the household?

Name:

Age:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Child's previous experience away from parents (e.g. preschool, daycare, etc.):

Is there any separation concern? \_\_\_\_\_

Does your child have any pets? \_\_\_\_\_

Does your child have any specific fears? \_\_\_\_\_

Does your child have any special interests? \_\_\_\_\_

What do you hope your child will gain from his/ her preschool experience?

\_\_\_\_\_  
\_\_\_\_\_

What language(s) are spoken in the home? \_\_\_\_\_

## Religious Information

Religion: \_\_\_\_\_ If Catholic, which parish? \_\_\_\_\_

## Parental/Guardian Agreement

I, \_\_\_\_\_ agree to/understand the following:

Provide 8 postdated cheques dated the 1<sup>st</sup> of each month

Unfortunately, we are unable to refund any portion of your monthly fees in the event of sickness, school holidays or family vacations.

To will give one month's written notice if I need to withdraw my child.

I authorize the staff at the Preschool to call a medical practitioner or ambulance in the case of an accident or illness of my child(ren) if I cannot immediately be reached.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



## Lil' Saints Preschool PRE-AUTHORIZED DEBIT FORM

**Payer's Name and Address – Please print clearly:**

I/We warrant and represent that the following information is accurate

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

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

---

Name of Your Financial Institution: \_\_\_\_\_

Address: \_\_\_\_\_

I/We will inform the Payee (Sacred Heart School), in writing, of any change in the information provided in this section seven days prior to the next due date of the PAD (1<sup>st</sup> of the month).

**Payee Information: Sacred Heart Parish**  
**Box 10, 3900 Arthur Drive**  
**Delta, B.C. V4K 3N5**  
**(604) 946-2611**

I/We acknowledge that the authorization is provided for the benefit of the Payee and the Processing Institution and is provided in consideration of the Processing Institution agreeing to process debits against my/our account, as listed above, (the "Account") in accordance with the Rules of the Canadian Payments Association.

I/We warrant and guarantee that all persons whose signatures are required to authorize withdrawals from the Account have signed the Authorization below.

I/We hereby authorize the Payee to issue Pre-Authorized Debits (as defined in Rule 114 for the Rules of the Canadian Payments Association) (The "PAD") drawn on the Account for tuition fees for the applicable school year.

I/We may cancel the Authorization at any time upon providing written or verbal notice to the Payee.

I/We acknowledge that provision and delivery of the Authorization to the Payee constitutes delivery by me/us to the Processing Institution. Any delivery of the Authorization to the Payee, regardless of the method of delivery, constitutes delivery by me/us.

The Payee may issue a PAD on **the 1st day** of each month in the dollar amount of  
\$ \_\_\_\_\_ beginning \_\_\_\_\_, \_\_\_\_\_  
Month Year

I/We agree that the information contained in the Authorization may be disclosed to the Bank of Montreal as required to complete any PAD transaction.

I/We understand accept the terms of participating in this PAD plan.

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

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

You have certain recourse rights if any debit does not comply with these terms. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

**PLEASE ATTACH A CHEQUE MARKED "VOID" TO THIS FORM**

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**To be completed by Sacred Heart Parish personnel only:**

Date submitted to Sacred Heart Parish: \_\_\_\_\_ (MM/DD/YYYY)

Date submitted to Bank of Montreal: \_\_\_\_\_ (MM/DD/YYYY)



## SACRED HEARTSCHOOL

Box 10, 3900 Arthur Drive, Delta, BC V4K 3N5  
Phone (604) 946-2611 - Fax: (604) 946-0598  
E-mail: [office@shsdelta.org](mailto:office@shsdelta.org)  
Web Site: [www.shsdelta.net](http://www.shsdelta.net)

### PARENT AND CHILD PRIVACY INFORMATION FORM

Family Name: \_\_\_\_\_ (PLEASE PRINT IN BLOCK LETTERS)  
Children's Names/Grades: \_\_\_\_\_

1. I consent to having Sacred Heart School collect personal information that may include student identification information, birth certificate, legal guardianship, court orders if applicable, parents' work numbers and e-mail address, behavioural, academic and health information, most recent report cards if applicable, emergency contact name and number, doctor's name and number, health insurance number and any similar information needed for registration. This information is required in order to register your child at this school and assist the school in making an informed decision as to your child's suitability and appropriate placement in the school. It will also allow the school to respond immediately to an emergency. For more information, the privacy manager for Sacred Heart School is Mr. Kelly Kozack (Principal) and he may be reached at 604-946-2611.

YES      NO

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

Print Name: \_\_\_\_\_

2. The school may prepare a family phone list (car pool list, class list, etc.) for a phoning tree in the event of a school closure or emergency. This information may be given to a parent (class parent) to help with the phoning. Do you approve to have the following included:

Address:      YES      NO  
Email:        YES      NO  
Phone Number: YES      NO

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

Print Name: \_\_\_\_\_

3. Sacred Heart School may wish to submit your child(ren)'s photograph(s) and/or video image(s), with or without names \* to media channels such as newspapers (including the BC Catholic newspaper) and television for the purpose of publishing stories about events and activities at the school. We require your written consent to the school's disclosure of any photograph(s) and/or video image(s) of your child(ren) which may be taken in connection with your child(ren)'s participation in the school as well as the right to disclose the identity\* of your child(ren).

I consent to the school submitting my child(ren)'s photograph(s) and/or video image(s), with or without name\*(s), to media channels for the purpose of publishing stories about events and activities at the school.

YES      NO

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

Print Name: \_\_\_\_\_

- Names/identity referred to in 2 above will be restricted to your child's first name and first initial of your child's last name only.

More to complete on back .....

4. Sacred Heart School may wish to use or publish photograph(s) and/or video image(s) of your child(ren) for school newsletters, class projects, memorabilia (including yearbooks), assemblies, presentations and other forms of internal communication. In this regard, we require your written consent to the school's use of any photograph(s) and/or video images of your child(ren) which may be taken in connection with your child(ren)'s participation in the school as well as the ability to identify your child(ren) in such material.

**I consent to the school publishing or using my child(ren)'s photograph(s) and/or video image(s), with or without name(s), for newsletters, class projects, memorabilia (including yearbooks), assemblies, presentations and in any future materials.**

YES            NO

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

Print Name: \_\_\_\_\_

5. Sacred Heart School operates a Website for the purpose of informing parents and the public about the school and its events. The school may wish to publish photograph(s) of your child(ren) on our Web pages. We may also wish to publish the photograph(s) in any future publicity material that we produce. In this regard, we require your written consent to the use of any photograph(s) of your child(ren) which may be taken in connection with your child(ren)'s participation in the school. If, at any time, you decide that you no longer wish the school to display your child(ren)'s photograph(s) on our Web pages or in any of our publicity material, please advise the school in writing and we will arrange to remove the photograph(s) from the Web pages or, with respect to publicity material, we will take steps to ensure that the photograph(s) are not used in future material.

**I consent to the school publishing my child(ren)'s photograph(s) without name(s), on the school's Web pages and in any future publications.**

YES            NO

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

Print Name: \_\_\_\_\_

Except as expressly permitted herein, Sacred Heart School acknowledges that there will be no disclosure of personal information to unauthorized personnel or third parties who are not directly involved in school management or the care, supervision and instruction of your child(ren) at this school, unless written authorization from a parent or legal guardian is provided to the school. The school will securely store all electronic and hard copy parent and student personal information.



# EMERGENCY CONSENT CARD

**Name of Facility** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_  
Surname First Name(s)

**Birthdate:** \_\_\_\_\_  
Year / Month / Day

**Address:** \_\_\_\_\_  
 \_\_\_\_\_

**Gender of Child:**  Male  Female

**1. Parent's Name:** \_\_\_\_\_ **Child lives with:** \_\_\_\_\_  
**Work Phone:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**2. Parent's Name:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_  
**Work Phone:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Child's Doctor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**1. Allergies** \_\_\_\_\_

**2. Medications** \_\_\_\_\_

**Care Card #:** \_\_\_\_\_

## CONSENT FORM

It is the policy of this centre to notify a parent when a child is ill or needs medical attention. In the event we cannot contact you and we need to get immediate help for your child, we require a signed consent to do so.

- I give consent for my child to be taken to the nearest emergency medical centre when I cannot be contacted.
- I give consent for my child to receive medical treatment.

Picture  
of Child

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

Personal information contained on this form is collected under the Community Care and Assisted Living Act and will be used only for the purpose indicated.





**Lil' Saints Preschool**  
**NEIGHBOURHOOD WALKING TRIP/ACTIVITY**  
**CONSENT FORM - 2021/2022**

Dear Lil' Saints Families,

During the school year, your child will be involved in a variety of neighbourhood walking trips or activities in and around Sacred Heart Parish and School properties. These can include walks to the Augustine House, and Kirkland House.

Lil' Saints Preschool requires permission for your child to participate in these walks or activities. Rather than sending home a permission form for each day, we are asking that you sign below to cover all nature walking field trips, or activities for this school year.

While the Preschool & Parish staff takes every reasonable step to prevent injuries, some degree of risk is inherent in the nature of activities and may occur without fault on the part of the Parish and/or Preschool, and the place/facility where the activity is taking place. By allowing your child to participate in this Preschool activity, you are agreeing that the activity is suitable for your child, and that you understand that there is a risk of injury associated with the activity.

***Please note: You will still receive a separate field trip permission form for field trips that require vehicle transportation or are longer in duration.***

I \_\_\_\_\_ give permission to my child \_\_\_\_\_, to participate in the neighbourhood walking trip/activity mentioned above.

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Parent's Signature

Date (MM/DD/YYYY)

