



Parkland Players Re-Registration Form 2018/2019

Date: (__ / __ / ____)

Child's Name: _____

Parent's Name: _____

Please fill out the information below to re-register for the upcoming 2018/2019 school year. Please read all details of this form carefully. By signing below, you agree to the re-registration terms as well as the new contract terms outlined here.

1. PROGRAM SELECTION:

Select the Program You Would like to Re-Register in for the 2018/2019 School Year.

| Infant and Toddler (IT) Programs | | Monthly Fee |
|----------------------------------|--|-------------|
| <input type="checkbox"/> | Full Time | \$1300 |
| <input type="checkbox"/> | Part Time 3 days/week (please indicate days): M - Tu - W - Th - F | \$950 |
| <input type="checkbox"/> | Part Time 2 days/week (please indicate days): M - Tu - W - Th - F | \$635 |

| Group Daycare Programs | | Monthly Fee |
|--------------------------|--|-------------|
| <input type="checkbox"/> | Full Time | \$950 |
| <input type="checkbox"/> | Part Time 3 days/week (please indicate days): M - Tu - W - Th - F | \$750 |
| <input type="checkbox"/> | Part Time 2 days/week (please indicate days): M - Tu - W - Th - F | \$500 |

| Preschool Programs 2.5 Hours | | Monthly Fee |
|------------------------------|---|-------------|
| <input type="checkbox"/> | AM - Full Time | \$300 |
| <input type="checkbox"/> | AM - Part Time 3 days/week (please indicate days): M - Tu - W - Th - F | \$205 |
| <input type="checkbox"/> | AM - Part Time 2 days/week (please indicate days): M - Tu - W - Th - F | \$160 |
| <input type="checkbox"/> | PM - Full Time | \$450 |
| <input type="checkbox"/> | PM - Part Time 3 days/week (please indicate days): M - Tu - W - Th - F | \$310 |
| <input type="checkbox"/> | PM - Part Time 2 days/week (please indicate days): M - Tu - W - Th - F | \$230 |

Initials: _____



1563 Regan Ave,
Coquitlam, BC, V3J 3B7
admin@parklandplayers.com
604.670.8830

| Preschool Programs Full Day | | Monthly Fee |
|-----------------------------|--|-------------|
| <input type="checkbox"/> | Full Time | \$630 |
| <input type="checkbox"/> | Part Time 3 days/week (please indicate days): M - Tu - W – Th - F | \$435 |
| <input type="checkbox"/> | Part Time 2 days/week (please indicate days): M - Tu - W – Th - F | \$325 |

| Out of School Care Programs | | Monthly Fee |
|-----------------------------|--|-------------|
| <input type="checkbox"/> | Full Time (please indicate school): Parkland Elementary OR Meadowbrook Elementary | \$470 |
| <input type="checkbox"/> | Full Time with Transportation (please indicate school): Porter Elementary OR Queen of All Saints Elementary | \$550 |

If the program you are hoping to register for is not listed above, please consult our office and have the section below filled out.

| Program | Monthly Fee | Manager Signature |
|---------|-------------|-------------------|
| | | |

- ❖ Please note that \$100 from your registration deposit from last year will carry over as a deposit for 2018/2019.
- ❖ Please note that the fees listed above will be applied starting in September 2018 and will be charged automatically on your EFT. If you have not already filled out an EFT form, please do so at your nearest convenience and submit it with this re-registration form. You may find this form on our website at <http://parklandplayers.com/forms/> or you can ask for a Versapay form in the office.

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2. FILE INFORMATION UPDATE:

please read the instructions below and fill out all required fields. The section marked as optional, you may complete only if you have updates or changes you would like to make for your child's file.

REQUIRED

Dentist Name: _____ **Dentist Phone #:** _____

Allergies, Medical Concerns, or any Services/Therapies (please list all): _____

OPTIONAL (only fill below if any of these details have changed in the last year)

Address: _____

Home Phone: _____

Mother's Work #: _____ Mother's Cell #: _____

Father's Work #: _____ Father's Cell #: _____

Alternate Person(s) To Call in Case of Emergency/Authorized to Pick Up Child

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Doctor Name: _____ Doctor Phone #: _____

Health Care Number: _____

Initials: _____



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3. NEW CONTRACT TERMS:

please read the updates to our contract as outlined below. By signing here, you are stating that you agree to these contract terms.

Email Response

Parents are responsible for replying to any email correspondence we send.

Parent/Guardian Signature

Date

Child Refusal

In regards to items that need to be kept at the centre for children, (epi-pen, comfort kit, etc.) if parents do not provide these items, we reserve the right to refuse to accept the child at the centre until they provide the missing items.

Parent/Guardian Signature

Date

4. NOTES:

if you have anything you would like to add that hasn't already been covered in this form, please include it here.

Thank you for re-registering with us! We are so happy that you will continue to be a part of our Parkland Players Community!

Initials: _____