



4Pillar Early Learning Centre

Registration Package



Group
Care

30 Months to School Age



Hours of Operation:

Group Care: 30 Months to School Age

Monday – Friday

8:00am-4:00pm

Fee Schedule:

Registration Fee: \$50 *Non-Refundable* *Payable with Completed Application*

Hourly Rates & Monthly Fees:

- ◆ Group Care: Hourly Rate of \$10/hour

Invoices will go through brightwheel the beginning of each following month (first week of February for January's fees). Invoices are due upon receipt.

Subsidies from the BC Government are available for qualifying families. Please visit: https://www2.gov.bc.ca/gov/content/family-social-supports/caring-for-young-children?utm_campaign=20191025_MCFD_AM_CHILD_2_ADW_BCGOV_EN_BC_TEXT for more information. Application forms are available at our office.

Approved subsidies will be deducted from the total cost of your monthly bill. The remainder of the balance owing will be due upon receipt.

Failure to pay balances owing will result in a \$10 / day charge on balances over 30 days old. There is a \$45 NSF Cheque fee.

Withdrawal from Program:

Please note, we require one month's notice for withdrawal of your child from a program. In lieu of notice, one month's worth of fees (up to \$500) will be due immediately.



Registration Forms

- ◆ *Complete this Form*
- ◆ *Return to 4Pillar, or email to 4pillar.office@gmail.com*
- ◆ *Hardcopies are available at 4Pillar if needed.*
- ◆ ***You MUST include the child's immunization record with the registration***

Please check off which program you are registering for:

Group Care 30 Months to School Age

Child's Full Legal Name:		Preferred Name:	
Gender:	Male Female	Current Age:	Birth Date:
Home Address:			
Primary Guardian:		Relation to Child:	
Primary Phone:		Alt. Phone:	
Email Address:			
Home Address (if different than child's):			
Employer:		Work Phone:	
Secondary Guardian:		Relation to Child:	
Primary Phone:		Alt. Phone:	
Email Address:			
Home Address (if different than child's):			
Employer:		Work Phone:	
Child's Medical Information			
Family Doctor:		Phone:	
Personal Health Number:		Private Insurance:	



Registration Forms (Continued)...

Alternate Call / Pick-up Person in Case of Emergency					
Name:		Relationship:		Phone:	
Name:		Relationship:		Phone:	
Additional Persons Authorized for Pick-up					
Name:		Relationship:		Phone:	
Name:		Relationship:		Phone:	
Persons NOT AUTHORIZED to pick-up child					
Name:				Phone:	
Name:				Phone:	
Are there custody orders?			<input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, attach documentation)		
About Your Child:					
Has the child has previous experience away from home?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES, where:		Dates Attended:			
Does your child feel comfortable being away from family/guardians?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Details:					
Does your child have any known health problems or disabilities?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Details & / Documentation:					
List any communicable diseases the child has had:					
Have they had any recent illnesses (in the last year)?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your child have any allergies?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Details:					
Are there any medications that may need to be administered while in care?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Details:					
Eating Habits:					
Likes:				Dislikes:	

PLEASE include a copy of your child's immunization records. Thank You!



Permissions:

Medical Consent:

I hereby give my consent for 4Pillar Staff, who are fully certified, to administer first-aid and CPR to my child if needed. I consent to 4Pillar staff using their best judgments and call a medical practitioner or ambulance for my child if needed. If an ambulance is called for my child, I agree to pay the fees involved.

Parent/Guardian Signature: _____ Date: _____

Parent Guardian Signature: _____ Date: _____

Field Trips:

I hereby consent that my child may participate in program outings and field trips during the year. I acknowledge that this may including travelling by public transportation or walking, depending on distance, and that my child will always be under the care of 4Pillar Staff.

Parent/Guardian Signature: _____ Date: _____

Parent Guardian Signature: _____ Date: _____

Photo / Video Release

I hereby give permission to 4Pillar Early Learning Centre to have photos and/or videos taken of my child for:

Internal Records, Arts & Crafts and Photo Walls within 4Pillar Locations

Marketing & Promotional Materials

Parent/Guardian Signature: _____ Date: _____

Parent Guardian Signature: _____ Date: _____

Signature of Agreement:

I have read the 4Pillar Early Learning Centre Parent Handbook and I understand and accept the program's policies.

Parent/Guardian Signature: _____ Date: _____

Parent Guardian Signature: _____ Date: _____