

Notre Dame Preschool/Pre-Kindergarten

Registration Form 2025/26

Family Contact Information

Child's Name: _____ DOB ____/____/____
day mo year

Gender: M F

Pre-School / Pre-K (30mths – 4yrs.old)

Important: Must be 3 years old by December 31, 2025

Home Address: _____

Mother's Name: _____

Place of work: _____

Phone Home: _____ Cell: _____ Work: _____

Email Address: _____

Father's Name: _____

Place of work: _____

Phone Home: _____ Cell: _____ Work: _____

Email Address: _____

Religion: Catholic or Non-Catholic

Preferences

If you are going to attend the Notre Dame Preschool/Pre-Kindergarten program would you prefer:
 I prefer: morning afternoon

I prefer: Monday & Tuesday Wednesday & Thursday Friday (morning classes only)

Morning classes 8:30am-11:30

Afternoon classes 12:30 -3:30

Custody Restrictions

Is there a court order? Yes No

(If yes please provide a copy of the court order with the registration package)

Names of people not authorized to have access to your child:

Emergency Contacts

Name: _____

Phone Home: _____ Cell: _____ Work: _____

Name: _____

Phone Home: _____ Cell: _____ Work: _____

Persons Authorized to Pick Up Child

In addition to the people listed above the following people are permitted to pick up my child:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Previous Preschool

Did you child go to a previous Preschool? Yes No

If so, what is the name of the preschool? _____

Has your child received Special Education Programming? Yes No

Special Needs Designation (if applicable): _____

Date of Diagnosis: _____

Health

Family Doctor _____ Phone _____

Health Card Number _____

Are your child's immunizations up-to-date? Yes No

A copy of my child's immunization record is included: Yes No

A copy of your child's immunization record must be submitted. These can be attained from the Health Unit.

Does your child have any medical history or condition that staff need to be aware of Yes No

Details: _____

Does your child have any allergies that staff need to be aware of? Yes No

Allergies: _____

Reaction: _____

Has your child ever had a life threatening allergic reaction or carry an epi-pen? Yes No

Fees

Monthly Preschool/Pre-K Fees for the 2024/2025 School Year

3 spots per week	\$277.50/month
2 spots per week	\$185/month
1 spot per week	\$92.50/month

<p>Policies & Procedures</p>	<p>Please refer to the FAMILY HANDBOOK and familiarize yourself with Notre Dame Preschool/PreK Policies and Procedures.</p> <p>I have read and accept the policies and procedures outlined in the Family Handbook.</p> <p>Signature: _____</p> <p>Date: _____</p>
<p>Other Permissions</p>	<ul style="list-style-type: none"> • I hereby give permission for program staff to apply and/or re-apply Sunscreen brand 30 SFP sunscreen when required <input type="checkbox"/> Yes <input type="checkbox"/> No • I understand that in case of accident or illness, if a parent or guardian cannot be reached, Notre Dame Preschool will phone an ambulance and a staff member will accompany your child to the hospital. I give my authorization for emergency health services. <input type="checkbox"/> Yes <input type="checkbox"/> No • I accept all responsibility for payment of all accounts rendered to my family. <input type="checkbox"/> Yes <input type="checkbox"/> No <p>Signature _____ Date _____</p>

This registration form will be considered by the admission committee.

For Notre Dame Use Only:

Date of Enrollment: _____

Date the child stops attending: _____

Document Checklist:

- Copy of immunization records**
- Copy of birth certificate**
- Copy of health care card**
- Copy of fee option form**
- Volunteer application form**
- Permission to administer medication (if applicable)**
- Legal Documents (i.e. court documents)**
- Signed PIPA form**
- Copy of Parent's ID**
- Copy of Proof of Billing Address**



**NOTRE DAME
PRE-SCHOOL/PRE- KINDERGARTEN
PROGRAM**

925-104th Ave. Dawson Creek, BC, V1G 2H8
Phone: 250-782-4923 Fax: 250-782-4388

www.notredameschool.ca

notredame@cispg.ca



FOR THE SCHOOL YEAR 2025-26

Consent Form for the Personal Information Protection Act

as per the Personal Information Privacy Policy for Parents and Students of Notre Dame School

What is Student Personal Information?

A student's personal information includes: their name, birthdate, address, telephone number, email address, personal education number, educational information, art work, and anything that identifies the individual, including photographs or video footage. Student photos may be collected and used without consent for purposes necessary to school operations (e.g., for student identification purposes).

The **Personal Information Protection Act** (British Columbia) is in effect for all independent schools. To ensure that we comply with the legislation, and your wishes as parents/guardians, we ask that you read the following information carefully.

The legislation states that all photographs, names, or anything else that identifies an individual or an individual's personal information, is protected.

From time to time your child's name and/or photograph may be used in a school newsletter, yearbook or other school publication, or media coverage concerning school events.

Registration Information:

Information provided at the time your child was registered at school was collected under the authority of the Independent School Act. This data is used for educational program purposes and, when required, may be provided to health services, social services and other support services. If a student moves to another school, student records are requested by that school. It shall be the understanding that our school administration has permission to pass on this information to the student's new school.

Media Coverage:

It is possible that there will be media coverage of a school event. This coverage could include your child's photo (or video), name and comments being part of a broadcast, publication or newsletter.

Parent Support Group:

From time to time, the Parent Support Group may wish to contact parents. To assist, the school will provide the PSG with a list of parents/guardians, email addresses, along with the names and grade levels of students.



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P.I.P.A – Personal Information Privacy Act Permission Form – Notre Dame School

1. I consent to having Notre Dame School collect personal information that may include student information, birth certificate, legal guardianship, court orders if applicable, parents' work numbers and email address, behavioural, academic and health information, report cards, emergency contact name and number, doctor's name and number, health insurance number and any similar information needed for registration.

I further consent to the use and disclosure of information contained in this form and otherwise collected by or on behalf of Notre Dame School (1) for the purpose of establishing, maintaining, and terminating the student's or parent's relationship with Notre Dame School, (2) for Additional purposes identified when or before personal information is collected, and (3) as otherwise provided in Notre Dame School's Personal Information Privacy Policy, a copy of which is available on request. I also consent to the collection, use and disclosure of such personal information by and to agents, contractors and service providers of Notre Dame School.

This information is required in order to register your child at this school and assist the school authority 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 Officer for Notre Dame School is Colleen Richard (250-782-4923)

Student Name: _____ Parent Signature: _____ Date: _____
(Student Name – Please PRINT)

2. I consent to having my child's name and/or photo to be used in any school publications including the yearbook, newsletters, website and school facebook.

Student Name: _____ Parent Signature: _____ Date: _____
(Student Name – Please PRINT)

3. I acknowledge my child to be include in any media coverage of a school event, including radio, television, newspaper and advertising.

Student Name: _____ Parent Signature: _____ Date: _____
(Student Name – Please PRINT)



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FOR THE SCHOOL YEAR 2025-26

Notre Dame Pre-school/Pre-Kindergarten Policy for Administration of Medication

Description: Notre Dame Pre-school/Pre-Kindergarten program realizes that it may be necessary, on occasion, to administer medication to students within the school environment/day.

ADMINISTRATION OF MEDICATION

Description: The Principal will designate a person or persons who shall administer [or supervise the self-administration of medications] to students, if the following conditions occur:

1. The initiation for the administration of medication in the schools will continue to remain the responsibility of the parent/guardian. Each school principal, in conjunction with the student, parent, family physician and the Public Health nurse shall develop individual plans for the administration of medication to the student if:
 - i) The parent of a student wishing to request the administration of medication in the school makes a written request to the school principal.
 - ii) A student requiring medication can be reasonably assisted or supervised by a designated staff person.
 - iii) The medication is required while the child is attending school, and medication support is the only recommended option.
2. The parent has signed a release requesting the administration by a designated person. [Use the Form attached]. This form must be updated each September.
3. The Public Health Nurse has been informed so that she may complete a Medic Alert Card, including possible side effects and necessary actions if needed.
4. The designated person is named and where applicable and necessary has been trained with adequate instructions from the Public Health Nurse concerning the administration of the medication including side effects and medication storage.
5. A record of medication administration shall be maintained.
6. Medication shall be stored in a safe and secured location.
7. When a student requiring medication is involved in a Field Trip, there shall be a trained designated person on the trip.



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**FOR THE SCHOOL YEAR 2025-26
REQUEST FOR ADMINISTRATION OF MEDICATION AT SCHOOL**

Student's Name: _____

Medication: _____

Frequency, time, and manner in which medication is to be administered:

Name of family physician _____

I, _____, am the legal guardian of _____,
confirm that my request for administration of medication at school for my child is necessary, in that
the medication must be given during school hours. I HEREBY RELEASE Notre Dame School [CISPG],
its officers, directors, administrators and employees, of any liability for any and all claims
whatsoever that I might have or that I might bring on behalf of my child, in connection with my
current "Request For Administration of Medication At School." I also hereby give permission for this
information to be used by the School Based Team [principal, classroom teacher, learning assistant
teacher, and appropriate student support personnel].

_____ Signature: PARENT/LEGAL GUARDIAN

_____ Date Medication is Authorized to Administer

If additional information is required, the school may contact the family physician after consulting
with the parent/guardian.



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FOR THE SCHOOL YEAR 2025-26

Dear Parents/Guardians,

It is a goal of Notre Dame Pre-School/Pre-Kindergarten Program that all students receive the best education possible. This can only be done by instituting a fee structure. The fees that are collected go towards ensuring that: the pre-school/pre-kindergarten is kept safe (replacement of faulty equipment, playground structures, regular maintenance on the building, etc.), and have adequate resources to enhance their learning (desks, chairs, wobble chairs, fidgets, books, learning tools etc).

Notre Dame Pre-School/Pre-K Program has the following options for payment of fees for the 2025/2026 school year:

- 1) Lump sum payment by September 15, 2025 (via cash or cheque)
- 2) Cash payments on the 15 and 30th of each month
- 3) Pre-authorized Debit payments on the 15th and 30th of each month
- 4) Cheque payments on the 15th and 30th of each month
- 5) Debt payments on the 15th and 30th of each month
- 6) Interac E-transfer on the 15th and the 30th of each month via ndsaccounting@cispg.ca

Please see the enclosed "*Payment Option*" form for more details. If paying by cheque (either post - dated or current), please note that a **\$25.00 NSF charge** will apply for bank- returned payments.

If there are other persons responsible for fees/tuition for your child(ren), please notify the school office so we can send them a copy of this letter and the enclosed form. Copies of any court documentation/letters outlining shared tuition must be provided to the school.

We ask that you please **return the following to the school office attention Mr. Caguitlea**

- One completed copy of the "*Payment Option*" form (the other copy is for your records)
- The lump sum **or** first month's payment for your child(ren)'s fees
- This letter with the **declaration signed at the bottom of the page**

The office is open between the hours of 8:30 am – 3:30 pm (Monday to Friday on regular school days) to accept payments. If you are unable to make it to the school during these times, other arrangements need to be made to keep your account current. This is an important area of responsibility when a parent/guardian registers his/her child with Notre Dame Pre-School/Pre-K Program.

Thank you for your time and consideration.

Yours in Christ,

Notre Dame School Council

DECLARATION: I hereby declare I have read and understood the information contained in this letter.

Parent/Guardian Name (please print)

Parent/Guardian Signature



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FOR THE SCHOOL YEAR 2025-26

FULL Student(s) Name(s) and Grade(s)			
1. _____	GR:___	3. _____	GR:___
2. _____	GR:___	4. _____	GR:___

Fee Payment Options: Please choose <u>one</u> Method of Payment and check your desired payment option:	
Method of Payment	Payment options
1. Lump Sum Payment	<input type="checkbox"/> At registration <input type="checkbox"/> Prior to September 15 th
2. Post Dated Cheque <i>(15 and 30th of each month)</i>	<input type="checkbox"/> 10 Equal Payments (Sept-June)
3. Pre-authorized Debit Payments <i>(15th and 30th of each month)</i>	<input type="checkbox"/> 10 Equal Payments (Sept-June)
4. Cash <i>(15th and 30th of each month)</i>	<input type="checkbox"/> 10 Equal Payments (Sept-June)
5. Debit, Visa, Master Card <i>(15th and 30th of each month)</i>	<input type="checkbox"/> 10 Equal Payments (Sept-June)
6. Interac E-transfer <i>(15th and 30th of each month)</i>	

You can register your account with the Secretary for automated monthly withdrawals on either the 15th or 30th of each month. Bring a void cheque to the office and complete the Payors PAD Agreement.

please contact the school in advance if making cash payments over the summer

Alternate Payment: If someone other than you will be paying all or part of the tuition, please complete the following details:		
NAME:	RELATIONSHIP TO STUDENT(S):	PHONE:
FORM OF PAYMENT (see above):	% OF TUITION PAID BY OTHER PERSON:	% OF TUITION PAID BY PARENTS OR GUARDIANS:
MAILING ADDRESS:		

Parent/Guardian Name *(please print)*

Date

Parent/Guardian Signature



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FOR THE SCHOOL YEAR 2025-26

1. Customer Information

Name: _____

Mailing Address: _____

City: _____ Province _____ Postal Code: _____

Telephone Number: _____ Cell Phone Number: _____

Email Address _____

Payor's Pre-Authorized Debits (PAD) Agreement

2. Bank Account Information

Bank Account Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Financial Institution Number:

--	--	--	--

 Branch Transit Number:

--	--	--	--

Chequing Account Savings Account

Financial Institution: Name: _____

Branch Address: _____

3. Pre-Authorized Debit (PAD) Details

You, the Payor, authorize Notre Dame School to debit the bank account identified above on the 15th or the 30th of month, starting September 15th or 30th, _____ and ending June 30th, _____ for the amount of \$ _____

You, the Payor, may revoke your authorization at any time, subject to providing notice of 15 days.

Signature of Account Holder

Signature of Joint Account Holder (if appropriate)

Name (Please print)

Name (Please print)

Date

Date

You have certain recourse rights if any debit does not comply with this agreement. 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.cdnipay.ca.



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FOR THE SCHOOL YEAR 2025-26

Credit Card Fee Payment Form

Card Member Info: _____
 Address: _____
 Home Phone _____ Cell Phone: _____
 Number: _____
 Email: _____

Credit Card Information	
Please Check One: Visa <input type="checkbox"/>	Mastercard: <input type="checkbox"/>
Card Number: _____	
Expiration Date: _____ / _____	
Name on Card: _____	

Payment Fees

Please charge for my regular tuition payments on the (check only one):

15th of the month 30th of the month Amount to be charged: \$ _____

By signing below, I, _____, authorize Notre Dame School to charge my credit card on the dates I have indicated above.

Name: _____
 Signature: _____
 Date: _____

Cancellation/Change Policy

I also understand that if I wish to change any payment amounts or dates, I must cancel this agreement and create another. Any changes made will come into effect the date of signing of the new agreement.



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FOR THE SCHOOL YEAR 2025-26

Interact E-Transfer Fee Payment Form

Payor Information: _____

Address: _____

Home Phone Number: _____

Cell Phone: _____

Email: _____

Tuition Payments

E-Transfers will be sent one the following day each month for my regular tuition payments to **ndsaccounting@cispq.ca (check only one):**

15th of the month 30th of the month Amount to be charged: \$_____

By signing below, I, _____ authorize Notre Dame School to accept my E-transfer on the dates I have indicated above.

Name: _____

Signature: _____

Date: _____