

April 1, 2024

Dear Parents/Guardians,

Thank you for choosing Tapestry Christian Early Learning! Enclosed, you will find the Registration Package for the 2024 Summer Program.

Registration is on a first come, first serve basis, with all required information complete.

When registering please ensure you have included the following:

- All forms completed and signed
- Program fee (cheque payable to Tapestry Christian Early Learning), see page 4
- Copy of current immunization record (if child does not currently attend TCEL)
- Copy of birth certificate (if child does not currently attend TCEL)
- 2 Current photos of child (if child does not currently attend TCEL)

If you have any questions, or need assistance in completing the registration package, please feel free to speak with Irene Tang, Program Director.

Sincerely,

Irene Tang

Program Director

Tapestry Christian Early Learning

Is there a custody agreement _____ Yes _____ No. If yes please supply us with a copy of the agreement.

Emergency Health Information

Care Card Number: _____ Date of Last Tetanus Shot: _____

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Immunization Record on file with Richmond Health Department? Yes _____ No _____

Does your child have:

A medical condition/concern? YES NO

If yes, please provide further information:

Allergies? YES NO (If yes, please complete Allergy Medical Form and attach)

If yes, please provide further information:

Asthma? YES NO (If yes, please complete Asthma Medical Form and attach)

If yes, please provide further information:

Has your child had a seizure in the past year? YES NO

If yes, please provide further information:

Does your child require a special diet related to a medical condition? YES NO

If yes, please provide further information:

Food sensitivities? YES NO

If yes, please provide further information:

List all prescription and "over the counter" medications your child receives:

Medication	Times Given	Reason for Medication
_____	_____	_____
_____	_____	_____
_____	_____	_____

Does your child require extra support from Supported Child Development, Speech Language Pathologist, Occupational Therapist or other agencies? YES NO

If yes, please provide further information:

PLEASE READ CAREFULLY, CHECK BOXES AND SIGN BELOW

Child born in: 2019 2020 2021

Please indicate your Program preference below- you may choose the weeks when your child can join:
 *If you enroll for the whole 2-3 weeks summer camp, you get savings of \$180.00

Program	Dates & Time	Cost / Reduced Cost
Week 1 (Outdoor Adventure)	<input type="checkbox"/> August 6 – 9 (9:00am – 12:30pm)	\$160 / \$110
Week 2 (Art and Science)	<input type="checkbox"/> August 12 – 16 (9:00am – 12:30pm)	\$200 / \$ 140
Week 3 (Music & Movement)	<input type="checkbox"/> August 19 – 23 (9:00am – 12:30pm)	\$200 / \$140

Please initial each box below:

I understand that fees are due upon registration/reservation of slot.

I understand that I must give one week’s written notice before the first day of the program to receive a full refund of program fees. 50% of the program fees will be refunded if withdrawal notice is given less than one week before the first day. No refunds will be given if withdrawal notice is given on or after the first day.

I verify that my child will be 3 years of age and fully toilet-trained at the beginning of the program.

I have read and understand all the information provided in the Tapestry Christian Early Learning Summer Program Parent Handbook that was emailed to me.

YES / NO (**Please circle answer**), my child will continue to TCEL for next school year.

I agree and understand the registration policies and procedures.

Parent/Guardian Signature _____ **Date** _____

PHOTO & VIDEO RELEASE

I give permission for Tapestry Christian Early Learning to take pictures or videos of my child,

_____, during school, special events or field trips. I understand that these photos or videos may be used in promotional materials such as brochures, flyers or on the preschool websites. Students or staff may also take photos for professional development assignments.

NO CHILD'S NAME WILL BE PUBLISHED

Please check your choice below.

- I give permission for my child to be photographed or video taped.
- I do not give permission for my child to be photographed or video taped.

Parent's Signature

Date



Please attach child's photo to this form

**Tapestry Christian Early Learning
CHILD CARE EMERGENCY CONSENT FORM**

CHILD'S NAME: _____ BIRTHDATE: _____
SURNAME, FIRST NAME(S) YEAR/MONTH/DAY

ADDRESS: _____

PARENT'S NAME: _____ HOME PHONE: _____

CELL PHONE: _____ WORK PHONE: _____

PARENT'S NAME: _____ HOME PHONE: _____

CELL PHONE: _____ WORK PHONE: _____

EMERGENCY CONTACT: _____ CELL PHONE: _____
PHONE: _____

CHILD'S DOCTOR: _____ PHONE: _____

DATE OF MOST RECENT TETANUS SHOT: _____

ALLERGIES / MEDICATIONS:

CHILD'S DENTIST: _____ PHONE: _____

CARE CARD NUMBER: _____

DATE SIGNATURE OF PARENT / GUARDIAN

CONSENT

- 1) It is the policy of this facility to notify a parent when a child is ill or needs medical attention. Occasionally we cannot contact parents and we need to get immediate help for the child. Our procedure is to call for an ambulance.
- 2) Please sign the consent below so that we can take the appropriate action on behalf of your child. Return the signed consent to the facility immediately. We will take this consent with us to the emergency centre.
- 3) I hereby give consent for my child _____ to be taken to the nearest emergency centre when I cannot be contacted.
- 4) I hereby give consent for my child named above to receive medical treatment.

DATE SIGNATURE OF PARENT / GUARDIAN

Tapestry Christian Early Learning

Registration Questionnaire

Dear Parents,

To help your child begin their year at Tapestry Christian Early Learning, it is helpful for the staff to know a little more about each child. We kindly ask that you answer the following questions.

CHILD'S NAME _____ DATE OF BIRTH _____

1. What are your child's interests?
2. Has your child attended any other group program independently?
(ie: Sunday school, play group etc.)
3. What are your child's dislikes?
4. When your child gets upset, what does that look like?
5. What are positive ways you help your child when he/she is upset/angry/sad?
6. Has your child been observed or seen by any health care professionals?
(i.e.: speech therapist, infant development professional, etc.)
7. Are there any concerns you have regarding your child that you would like the staff to be aware of?

**Please see list of other documents needed – if your child does not currently attend TCEL.*