

Tapestry Christian Early Learning

9280 No.2 Road, Richmond, BC V7E 2C8 (604)277-1079 Info@tapestryearlylearning.com

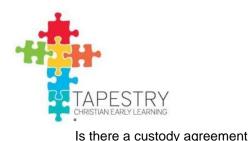
	Start Date:
February 1, 2024	
Dear Parents/Guardians,	
Thank you for choosing Tapestry Christian Early Learning! Enclosed, you will Package for the 2024/2025 school year.	l find the Registration
Tapestry Christian Early Learning will continue to offer enrollment for children ag have a full program (M-F 9:00am to 3:30pm) and a variety of part-time programs as package. If your preferred days are full, you may choose to be placed on the waitlist	listed in our registration
Registration is on a first come, first serve basis, with all required information comp	olete.
When registering please ensure you have included the following:	
All forms completed and signed	
\$60 Non-refundable registration fee	
PAD form for automatic withdrawal and bank account confirmation	
☐ Copy of CURRENT IMMUNIZATION RECORD	
☐ Copy of BIRTH CERTIFICATE	
2 Current photos of child	
Filled-up Forms	
Important: Child Care Emergency Form	
Others: Kindly fill-up the other forms if your child has special needs or ne attention.	ed some extra medical
If you have any questions, or need assistance in completing the registration pack speak with Irene Tang, Program Director.	age, please feel free to
Sincerely,	
Irene Tang	
Program Director	



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TAPESTRY CHRISTIAN EARLY LEARNING 2024/2025 REGISTRATION FORM

	Personal lı	nformation	
Child's Name:		DOB:	
First	Middle Surr	name	dd/mm/yyyy
Name child responds to:		Gender: M	F
Address:			
City:	Postal Code:	Phone:	
Child's First Language:	Child's	Second Language:(dialect)	
Adult(s) with whom child lives	with:		
LEGAL GUARDIAN(S)			
Name:		Relationship:	
Phone: (home)	(work)	(cell)	
E-Mail Address:			
Name:		Relationship:	
Phone: (home)	(work)	(cell)	
E-Mail Address:			
ALTERNATIVE PERSON(S)	TO CALL IN CASE OF	<u>EMERGENCY</u>	
Name:		Relationship:	
Phone:	Language(s) Spoken:	
Name:		Relationship:	
Phone:	Language	(s) Spoken:	
		: <u>HILD</u> (Include Legal Guardia	•
Name:	Relationship:	Phor	ne:
Name:	Relationship:	Phor	ne:
Name:	Relationship:	Phor	ne:
Name:	Relationship:	Pho	ne:



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Is there a custody agreement with a copy of the agreement.	Yes	No. If yes please supp	ly us Start Date:
Emergenc	y Health Inf	ormation	
Care Card Number:			
Dentist:			
Immunization Record on file with Ri			
Does your child have:			
A medical condition/concern?	YES	NO	
If yes, please provide further inform	ation:		
Allergies? YES No If yes, please provide further inform		se complete Allergy Medica	al Form and attach)
Asthma? YES No If yes, please provide further inform		se complete Asthma Medic	al Form and attach)
Has your child had a seizure in the place of the last section of the last section in t	,	YES NO	
Does your child require a special did If yes, please provide further inform		medical condition? YES	NO
Food sensitivities? YES If yes, please provide further inform	NO ation:		
List all prescription and "over the co	unter" medicat	ions your child receives:	
Medication	Times	s Given	Reason for Medication
Does your child require extra suppo Occupational Therapist or other age		ted Child Development, Sp YES NO	eech Language Patholog
If yes, please provide further inform	ation:		
Does your child nap during the day?	YES NO	Usually what time?	



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Start	Date:

PLEASE READ CAREFULLY, CHECK BOXES AND SIGN BELOW

Child born in:	□ 2020	□ 2021	□ 2022

Please indicate your class preference below:

Program	Days	Time
Full Program	☐ Monday /Tuesday/Wednesday/Thursday/Friday	9:00am - 3:30pm
Morning	☐ Monday /Wednesday/Friday ☐ Tues/Thursday	9:00am – 12:30pm
Full Day	☐ Monday /Wednesday/Friday ☐ Tuesday/Thursday	9:00am – 3:30pm

Please indicate the corresponding payment schedule as shown below: Reduced rate * Current rate applied with CCFRI Approval

Program	Cost per month	Under 3yrs
☐ Full Program: M-F (9:00am to 3:30pm)	\$935.00 / *\$390.00	\$948.00 / *\$200.00
Morning program:		
☐ M/W/F AM only (9:00am-12:30 pm)	\$364.00 / *\$200.5	\$370.00 / *\$145.60
☐ T/TH AM only (9:00am-12:30pm)	\$236.00 / *\$127.00	\$240.00 / *\$90.40
Full-day program:		
☐ M/W/F full day (9:00am-3:30pm)	\$610.00 / *\$283.00	\$620.00 / *\$171.20
☐ T/TH full day (9:00am-3:30pm)	\$438.00 / *\$220.00	\$445.00 / *\$145.80
Drop In Fees (based on availability): Morning only (9:00am – 12:30pm) Afternoon only (12:30pm – 3:30pm)	Daily fee \$30.00 \$25.00	*Note: Our reduce rate for 3-5 year olds and under 3 is depending on our
*Note: you must be in session in the morning to add this drop-in option Full Day (9:00am – 3:30pm)	\$50.00	grant approval.

Where did you hear about us?



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Start Date:

Please initial each box below:
☐ I understand that a payment of \$60.00 is due upon registration for Administration fees, and my spot will not be held until this fee is received.
☐ I understand that tuition fees are due one month in advance, on the first of each month, from August 2024 to May 2025. PAD form required for automatic withdrawal and bank confirmation.
☐ I am aware that I must give 30 days written notice before the first day of the calendar month to withdraw from the school.
☐ I understand that no refunds for September 2024 will be given to withdrawals received <u>later than</u> <u>July 30, 2024</u> .
I understand that no refunds will be given for June 2025 after April 30, 2025.
☐ I understand that upon registration I am automatically a member of Tapestry Christian Early Learning Society, and I or other parent/guardian is required to attend the annual AGM.
I agree and understand the registration policies and procedures.
Parent/Guardian SignatureDate

			OFFICI	E USE ONLY -	PAYMENT	HISTOR	Y		
j			STU	DENT START	DATE:				
MONTH	ILY FEE:	\$							
	Amt Due	Date Processe	d Cheque#	Staff Initial	A	mt Due	Date Processed	Cheque #	Staff Initial
Reg Fee	\$50			·	Dec	\$			
Aug	\$			·	Jan	\$			
Sept	\$				Feb	\$			
Oct	\$			·	Mar	\$			
Nov	\$				Apr	\$			
					May	\$			

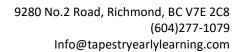


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	Tapestry Christian Early Learning	Start Date:
	Registration Questionnaire	
Dear I	Parents,	
	lp your child begin their year at Tapestry Christian Early Learning, it o know a little more about each child. We kindly ask that you answertons.	
CHILE	DATE 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/a	ngry/sad?
6.	Has your child been observed or seen by any health care profession (i.e.: speech therapist, infant development professional, etc.)	als?

7. Are there any concerns you have regarding your child that you would like the staff

to be aware of?





Start Date:	

PHOTO & VIDEO RELEASE

I give permission for Tapestry Christian Early Learning to take pictures or videos of		
my child,		
, during scho	ool, special events or field	
trips. I understand that these photos or videos may b	e used in promotional	
materials such as brochures, flyers or on the preschool	ol websites. Students or staff	
may also take photos for professional development as	ssignments.	
NO CHILD'S NAME WILL BE PUBLISHED		
Please check your choice below.		
☐ I give permission for my child to be photograph	ed or video taped.	
☐ I do not give permission for my child to be phot	ographed or video taped.	
Darant'a Signatura	 Date	
Parent's Signature	Dait	



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