OUR LADY OF GOOD COUNSEL PRESCHOOL

2026 – 2027
REGISTRATION CHECK LIST

Please check (√) the boxes below and ensure the following items are included when you return your registration package.

☐ Registration/Supplies Fee: $50.00 per student ***(non-refundable)***

- This applies only to those families who have not yet paid their registration/supplies fee
- Cheque (made payable to **OLGC Preschool**) or Cash will be accepted

☐ Preschool Registration Form

☐ **Please complete and Sign the PAD Form Attached (Pre-Authorized Debit)**

- Preschool Fees (September 1, 2026 – June 1, 2027) ***(Pre-Authorized debit)***
  VOID cheque required *or* ***Pre-Authorized Debit for Payment form*** *with banking information*
  (Fees will be withdrawn 1st day of each month or the next business day)

Tuesdays/Thursdays (2 days)	*$196.00/per month*
Mondays/Wednesdays/Fridays (3 days)	*$242.00/per month*
Monday to Friday (5 days)	*$438.00/per month*

Our Centre is a registered participant in the BC Child Care Fee Reduction Incentive.

- Fun Family Phonics Workbook Fee: $20.00 per student ***(non refundable)***
  (PAD) Pre-Authorized Debit - September 1, 2026)

☐ Parent Agreement Form ***(Green copy to be signed and returned)***

Other Information Required:

☐ Emergency Card ☐ Personal Immunization Records ☐ Photograph of child *(passport size)*

☐ BC Services Care Card ☐ Anaphylaxis Student Emergency Response Plan

Government Subsidy *(for low income families only)*

Affordable Childcare Benefit is available. Please pick-up forms from Centre. Families are to complete the form and submit to Mrs. Martins to ensure forms are completed correctly with dates, fees, etc. Forms are to be submitted to the government **immediately**.

Registration packages WILL NOT BE ACCEPTED without ALL the above required items. Please sign below and return with your complete registration.

_____ _____ _____

Family Name ***(Please Print)*** *Parent Signature* *Date*

_____

Child(ren)'s Name(s) ***(Please Print)***

PS/June_2026

OLGC
CHILDCARE FACILITY

PRESCHOOL REGISTRATION

2026/2027

Office Use Only:

Start Date: _____

End Date: _____

Mon/Wed/Fri: (am) _____ (pm) _____

Tues/Thurs: (am) _____ (pm) _____

Monday-Friday: (am) _____ (pm) _____

Fun Family Phonics Workbook: _____

Personal Immunization Record: _____

Birth Certificate/BC Medical Card: _____

Registration/Supplies Fee: _____

Please Read Carefully and Print Clearly:

Student's Legal Name: _____ _____ M ☐ F ☐

(*Last Name*) (*First Name*)

Date of Birth: _____/_____/_____ Name child responds to: _____

Day/Month/Year

Home Address: _____ Postal Code _____

(Unit #, Street Address, City)

Person(s) with whom the child lives with: _____

Parish: _____ Envelope#: _____ Sibling(s) at OLGC School: Y ☐ N ☐

_____

Mother's Name: _____ **Email:** _____

Home Number: _____ Work Number: _____ Cell Number: _____

Home Address *(if different from child's)*: _____

Father's Name: _____ **Email:** _____

Home Number: _____ Work Number: _____ Cell Number: _____

Home Address *(if different from child's)*: _____

Custody Agreement? No _____ Yes _____ *(If yes, please provide details below)*

_____

_____

_____

Alternate Emergency Contacts *(**Other than** Parents/Guardians)*:

Name	Relationship to Child	Contact Number

Please list all persons who have permission to pick up your child (excluding parent's names) and include relationship to your child. ***Any persons not named below will not be allowed to take the child from the facility, unless we have been informed by the parent of other arrangements.***

Name	Relationship to Child	Contact Number

HEALTH INFORMATION

Family Doctor's Name: _____ Phone Number: _____

Child's BC Care Card Personal Health Number: _____

Are your child's immunization currently up to date: ☐ Yes ☐ No

Does your child have any known allergies : ____ *(If so, please provide list)* _____

_____

Please provide any instructions in the event of an allergic reaction including treatment: _____

_____

Is there any other known, health conditions, development challenges, or concerns (eg. seizures, asthma, vision, speech, hearing, behaviour, learning disabilities, etc.) ☐ Yes ☐ No *(If yes, please describe)*

_____

_____

Please provide additional information to assist us get to know your child better:

What are your child's favourite activities? _____

Is your child fully toilet trained? _____

Does your child have any fears or separation anxiety? _____

Are there any special food restrictions? *If so, please describe*: _____

Does your child have any siblings? *If yes, please list names*: _____

What are your child's religious or cultural beliefs: _____

Is there any other information we should know about your child? _____

_____

Will you be applying for Government Subsidy: Yes ☐ No ☐

Office Use Only:

Date Application Received: _____ *Government Subsidy Form Given to Family? Yes* ☐ *No* ☐

Registration/Supplies Fee Paid: ($50.00) *Chq#* _____ *Cash Receipt #* _____ *EFT* _____

*Schedule Preferred: Mon/Wed/Fri (am) or (pm)*____ *Tues/Thurs (am) or (pm)* ____ *Monday-Friday (am) or (pm)*_____

Date Withdrawn: _____ *Reason for Withdrawal:* _____

OUR LADY OF GOOD COUNSEL PRESCHOOL

10504 – 139th Street, Surrey, BC V3T 4L5
Phone: (604) 581-3225 Email: olgcpreschool@shaw.ca
www.olgcpreschool.ca

2026/2027

Pre-Authorized Debit (PAD) Plan Agreement

I/We authorize Our Lady of Good Counsel Preschool (OLGC Preschool) and the financial institution designated to begin deductions as per my/our instructions for monthly regular recurring tuition payments and/or one-time payments from time to time for other related preschool fees as stated above.

Authorization is to remain in effect until Our Lady of Good Counsel Preschool has received written notification from me/us of its change or termination. Notification must be received 14 days before the next debit is scheduled. I/We may obtain a sample of cancellation form or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.payments.ca.

I/We have certain recourse rights if any debit does not comply with this PAD agreement. For example, I/We have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD agreement

Bank Account Information: ***(Mandatory)***

A VOID Cheque or Financial Institution Form **must** be attached. Please ensure it includes the following:

- Financial Institution Number, Branch Transit Number, Account Number
- Name of Financial Institution and Branch Address

Pre-Authorized Debit (PAD) Payments:

The Payor will be debited for the following fees on the appropriate dates stated below:

☐ **Fun Family Phonics Workbook Fee (*non-refundable*)**: *$20.00/per student* ***(September 1, 2026)***

☐ **Monthly Preschool Fees**: $_____ commencing from **September 2026 to June 2027**
(Fees are withdrawn 1st day of each month or the next business day)

Payor Information *(please print clearly)*

Payor Name: _____
(Last) *(First)* *(Middle)*

Address: _____

City/Province: _____ **Postal Code:** _____

Contact Number: _____ **Email:** _____

Name of Student(s): _____

OUR LADY OF GOOD COUNSEL PRESCHOOL

10504 – 139th Street, Surrey, BC V3T 4L5
Phone: (604) 581-3225 Email: olgcpreschool@shaw.ca
www.olgcpreschool.ca

By Signing Below:

- I/We acknowledge my/our financial obligation to the preschool and will ensure that payments will be forwarded as per the current school years fees assigned to me.
- I/We understand the monthly preschool fee payments will be debited every 1st of the month or next business day.
- If I/we put a stop payment on our pre-authorized debit without notifying the finance office, a $30.00 administrative fee will be charged.
- I/We understand and accept, if the school receives an NSF by the bank due to insufficient funds, an additional charge of $30.00 will be levied to me.
- I/We understand and accept, if it becomes necessary to withdraw my child from the facility for any reason, to provide **one month's** written notice (30 days) to the Facility Manager or pay **one month's fee** in lieu of notice.
- I/We understand and accept the terms of participating in this pre-authorized debit plan.

Signature of Account Holder: _____ **Date**: _____

Name *(Please Print)*: _____

Signature of Joint Account Holder: _____ **Date**: _____

Name *(Please Print)*: _____

Please Note: Official Receipts for tax purposes will only be issued to the Payor Name

FOR OFFICE PURPOSES ONLY:

*Monthly Preschool Fees $*_____ *5 days* ☐ *3 days* ☐ *2 days* ☐

OLGC CHILDCARE FACILITY

Preschool Parent Agreement
2026/2027

PHILOSOPHY

I understand the philosophy of OLGC Childcare Facility and accept the importance of songs, crafts, education, exploration and prayers used in our program.

FEES

I agree to pay a $50.00 (non-refundable) Registration/Supplies fee.

I understand, if I withdraw my child, for any reason, or staff deems the child is not ready for preschool, the registration fee is not refundable.

I have completed the Pre-Authorized Debit (PAD) Plan Agreement and provided a "voided" cheque or Financial Institution form. I understand fees will be electronically withdrawn on the 1st day of each month (September – June) or the next business day.

I acknowledge no refunds will be issued for days my child is absent or on vacation. Also no refunds will be issued for snow days, Christmas holidays, Spring Break or other unforeseen closures.

I agree to pay $30.00 NSF service fee if an NSF cheque or EFT is returned to the facility by the bank.

If it becomes necessary to withdraw my child from the facility for any reason, I agree to give **one month's** (30 days) written notice to the Facility Manager or pay **one month's fee** in lieu of notice. _____
(initial)

IMMUNIZATION RECORDS:

I agree to give the facility a photocopy of my child's immunization records.

EMERGENCY POLICY

In the event that a child requires immediate medical attention, due to illness or injury, and we are unable to reach the parents, an ambulance will be called by our staff.

I authorize the staff at the facility to call an ambulance in the event of an injury or illness of my child if we, the parents, cannot be immediately reached.

I understand that if an ambulance is called for my child, I will be responsible for paying any ambulance costs associated with transportation to the hospital.

I hereby give consent for my child, to receive medical attention. I herby give my consent to the staff at OLGC Childcare Facility to administer First Aid procedures whenever deemed necessary.

PARENT COPY – KEEP THIS FOR YOUR RECORDS

ARRIVAL AND DEPARTURE POLICY

I will not send my child to the centre if he/she exhibits any questionable illness and agree to immediately notify the Facility Manager of any communicable disease my child contracts.

I am aware of the preschool's start and end times (8:45am – 11:15am or 12:00pm – 2:30pm) and will promptly pick up my child at end of class.

I understand there will be a late charge of $1.00 per minute, if my child is not picked up on time.

I am aware of, and agree to, the Facility's policy that staff will not allow my child to leave with anyone other than a parent or authorized individuals listed on the registration form. I will contact the Facility, immediately, if an alternate person, not on the authorized list, is to pick up my child.

SUBSIDY

If applying for Government Subsidy, I agree to have all documents completed and signed by mid June and submitted to the Ministry by June 30th in order for the facility to have paperwork in place for September.

I understand and agree, if the Facility does not receive approval of my subsidy from the Ministry, Preschool fees will be withdrawn, as scheduled, on the 1st of the month.

GENERAL

I will ensure my child is fully potty-trained.

KINDERGARTEN ENTRY

I understand that being registered at OLGC Childcare Facility (Preschool) does not guarantee automatic enrollment of my child into Our Lady of Good Counsel Elementary School.

Mother's Name: _____ _____ Date: _____
(Print Name) (Signature)

Father's Name: _____ _____ Date: _____
(Print Name) (Signature)

Child's Full Name: _____
(Print Name)

PARENT COPY – KEEP THIS FOR YOUR RECORDS

OLGC CHILDCARE FACILITY

Preschool Parent Agreement
2026/2027

PHILOSOPHY

I understand the philosophy of OLGC Childcare Facility and accept the importance of songs, crafts, education, exploration and prayers used in our program.

FEES

I agree to pay a $50.00 (non-refundable) Registration/Supplies fee.

I understand, if I withdraw my child, for any reason, or staff deems the child is not ready for preschool, the registration fee is not refundable.

I have completed the Pre-Authorized Debit (PAD) Plan Agreement form and provided a "voided" cheque or Financial Institution form. I understand fees will be electronically withdrawn on the 1st day of each month (September – June) or the next business day.

I acknowledge no refunds will be issued for days my child is absent or on vacation. Also no refunds will be issued for snow days, Christmas holidays, Spring Break or other unforeseen closures.

I agree to pay $30.00 NSF service fee if an NSF cheque or EFT is returned to the facility by the bank.

If it becomes necessary to withdraw my child from the facility for any reason, I agree to give **one month's** (30 days) written notice to the Facility Manager or pay **one month's fee** in lieu of notice. _____
(initial)

IMMUNIZATION RECORDS:

I agree to give the facility a photocopy of my child's immunization records.

EMERGENCY POLICY

In the event that a child requires immediate medical attention, due to illness or injury, and we are unable to reach the parents, an ambulance will be called by our staff.

I authorize the staff at the facility to call an ambulance in the event of an injury or illness of my child if we, the parents, cannot be immediately reached.

I understand that if an ambulance is called for my child, I will be responsible for paying any ambulance costs associated with transportation to the hospital.

I hereby give consent for my child, to receive medical attention. I herby give my consent to the staff at OLGC Childcare Facility to administer First Aid procedures whenever deemed necessary.

ARRIVAL AND DEPARTURE POLICY

I will not send my child to the centre if he/she exhibits any questionable illness and agree to immediately notify the Facility Manager of any communicable disease my child contracts.

I am aware of the preschool's start and end times (8:45am – 11:15am or 12:00pm – 2:30pm) and will promptly pick up my child at end of class.

I understand there will be a late charge of $1.00 per minute, if my child is not picked up on time.

I am aware of, and agree to, the Facility's policy that staff will not allow my child to leave with anyone other than a parent or authorized individuals listed on the registration form. I will contact the Facility, immediately, if an alternate person, not on the authorized list, is to pick up my child.

SUBSIDY

If applying for Government Subsidy, I agree to have all documents completed and signed by mid June and submitted to the Ministry by June 30th in order for the facility to have paperwork in place for September.

I understand and agree, if the Facility does not receive approval of my subsidy from the Ministry, Preschool fees will be withdrawn, as scheduled, on the 1st of the month. I also understand no refunds will be issued for any previous fees paid prior to receiving approval from the Ministry.

GENERAL

I will ensure my child is fully potty-trained.

KINDERGARTEN ENTRY

I understand that being registered at OLGC Childcare Facility (Preschool) does not guarantee automatic enrollment of my child into Our Lady of Good Counsel Elementary School.

Mother's Name: _____ _____ Date: _____
(Print Name) (Signature)

Father's Name: _____ _____ Date: _____
(Print Name) (Signature)

Child's Full Name: _____
(Print Name)

RETURN THIS COPY WITH YOUR APPLICATION

Our Lady Of Good Counsel Preschool
ANAPHYLAXIS
STUDENT EMERGENCY RESPONSE PLAN

A. To be completed by the parent/guardian

Student Name (Last name, First name)	DOB (D/M/Y)	Gender M F	Personal Health #
Address	City/Province		Postal Code
Student Home phone #	MedicAlert ID: YES NO	Teacher	Grade / Classroom #

Name of Father	Home Phone #	Business Phone #
Name of Mother	Home Phone #	Business Phone #
Name of Guardian	Home Phone #	Business Phone #
Emergency Contact Person / Relationship to student		Phone #
Alternate Contact Person / Relationship to student		Phone #

B. To be completed by physician

Allergy Description

Food: _____

_____

Insect: _____

Other: _____

Symptoms to watch for (please check):

- ❑ Itchy eyes, nose, face, body
- ❑ Flushing/redness/warmth of face and body
- ❑ Swelling of eyes, face, lips, tongue and throat (throat tightness), trouble swallowing
- ❑ Nasal congestion or hay fever-like symptoms (runny itchy nose, watery eyes, sneezing, cough, hoarse voice, inability to breathe)
- ❑ Hives/rash
- ❑ Headache, nausea, pain/cramps, vomiting, diarrhoea, uterine cramps in females
- ❑ Wheezing, shortness of breath, chest pain/tightness
- ❑ Anxiety, feeling of foreboding, fear and apprehension
- ❑ Weakness and dizziness/light-headedness, pale blue colour, weak pulse, shock
- ❑ Loss of consciousness, coma
- ❑ Other _____

Our Lady Of Good Counsel Preschool
ANAPHYLAXIS

Name of medication: Expiry Date:

- ❑ EpiPen auto-injector
- ❑ Other _____

Reason for medication:

Method of Administration *(dosage, time of administration)*

Self-administered? Y / N

Additional instructions:

What is the impact of a missed dose?

Name of Physician (print)	Signature of physician	Date	Phone #
_____	_____	_____	

C. To be completed by the parent/guardian

1. I am aware of the CISVA's policy and the school's plan on treating students with a known risk of anaphylaxis/life threatening allergies
2. I agree that the above information is correct
3. If changes occur I will contact the school and provide revised instructions
4. I agree that if medication is required, I will supply it to the school in the original container with my child's name and the pharmacist's directions for use, including dosage
5. I am aware that no medication will be administered until this form is completed and returned
6. I am aware that the Public Health Nurse for the school will be informed of my child's condition and medication and that the nurse may contact me as necessary
7. I am aware that staff working with my child need to know of my child's condition and of the medication required
8. I am aware I am required to update this information each September.

I authorize and request the administration of the above medication by the school and its employees.

_____ _____

Signature of parent/guardian Date

OUR LADY OF GOOD COUNSEL PRESCHOOL

PERSONAL INFORMATION PROTECTION ACT
PARENTAL CONSENT FORM

To comply with the BC Personal Information Protection Act (PIPA) all parents are required to sign the following form.

1. I consent to having Our Lady of Good Counsel School collect personal information that may include student identification information, birth certificate, legal guardianship, court orders if applicable, parents work numbers and e-mail address, behavioural, academic and health information, most recent report card, emergency contact name and number, doctor's name and number, health insurance number and any similar information needed for registration. This information is required in order to register your child at this school and assist the school in making an informed decision as to your child's appropriate placement. It will also allow the school to respond immediately to an emergency and to provide Fraser Health Authority with required information. *For more information, the privacy officer for Our Lady of Good Counsel School is Mr. Gerard Wright and may be reached at 604-581-3154.*

   Yes: _____ No: _____

2. I consent to having photographs (including identifying names) and work samples of my child (ren)'s used by Our Lady of Good Counsel School in the yearbook, newsletters, bulletin board displays, year-end PowerPoint shows and in-house promotional materials.

   Yes: _____ No: _____

3. I consent to the use of photographs for use in other promotional material such as the BC Catholic, local newspapers and parish bulletin.

   Yes: _____ No: _____

4. I consent to the use of photographs and work samples to be used on the school's website/ Twitter account/ Instagram account

   Yes: _____ No: _____

5. I consent to my child (ren)'s picture appearing on the school's website in group photos only. ***Please Note: If you check 'No' to this your child will be excluded from <u>all photos</u>***

   Yes: _____ No: _____

6. I consent to the school preparing a family phone list to be used for the phoning tree, emergency information, school closures, fieldtrips, meetings, classroom activities, school help, etc.

   Yes: _____ No: _____

7. I acknowledge that my vehicle insurance information is required by the school to protect against third party liability claims in case of an accident, should I use my vehicle to drive for the school. I understand that this information will only be released in the event of an accident.

   Yes: _____ No: _____

Student Name: _____

Family Name: _____

Signature: _____ Date: _____