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"BELIEVING IN POTENTIAL"

REACH PRESCHOOL- SOUTH DELTA Registration Application

Child's Name: _____ DOB: _____ male / female
m / d / y

Parent/Guardian Name: _____
(Mom) (Dad)

Address: _____

Telephone: (home) _____ (cell) _____
(business) _____ / _____
(mother) (father)
(email) _____

Registration year – September 1, 2017 to June 30, 2018. This form must be accompanied by a non-refundable registration fee of \$20.00. Please make cheque payable to "REACH".

How did you hear about us: Advertisement Website Friends other _____

Reg. Fee Paid: Yes No **Paid by:** Cash Cheque VISA M/C

PRESCHOOL SESSION PREFERENCE

5 days option available, for more information please email Oshrat oshratz@reachchild.org

Please indicate, in order, your class preference (i.e. 1 & 2)

_____ Monday, Wednesday, Friday mornings, 9:00 to 11:30 a.m. = \$175.00/month
_____ Monday, Wednesday, Friday Lunch 9:00 to 1:00 p.m. = \$275.00/month
_____ Tuesday, Thursday mornings, 9:00 to 11:30 a.m. = \$130.00/month

FOR OFFICE USE ONLY:	
Session Confirmed:	_____ new child <input type="checkbox"/> returning child <input type="checkbox"/>
Entered in SV _____	Date: _____
Preschool Start Date: _____	Exit Date: _____ m / d / y m / d / y
Add to Class List:	child's name <input type="checkbox"/> birthdate <input type="checkbox"/> parent's name <input type="checkbox"/>
	address <input type="checkbox"/> phone# <input type="checkbox"/> email <input type="checkbox"/>
<input type="checkbox"/> Do Not Add to Class List	1 st Language _____