



2026-2027 SCHOOL YEAR REGISTRATION PACKAGE

Welcome to Happy Days Playschool

It is a pleasure to welcome you to Happy Days Playschool. On behalf of the Teachers and the member families, we are glad you have joined our school. We look forward to getting to know you and your family.

The information included in this package will provide you with the necessary basics to ensure your child is properly registered with Happy Days Playschool. There are a number of forms that require completion and you can expect to spend approximately 30 minutes to fully complete the information. **In order to reserve a space for your child, it is important that this information is completed in full and the required fees paid.**

If you need any assistance please contact the Enrollment Coordinator by calling Happy Days Playschool at 604-936-0722.

The following checklist lists everything that is necessary to process your application. Please be sure to include all the following documents and payments when returning your registration package:

☐ Payment of the following:

- Registration Fee: \$30.00
- First Month's Fees: \$157.00 for Crickets
\$220.00 for Dragonflies
\$365.00 for Bumblebees (5 day class)
All 2026/2027 fees subject to CCFRI approval
Fees listed are before CCFRI reduction

★ **(Registration fee is payable at the time of enrollment, first month's fee (September) will be withdrawn on August 1st)**

☐ Registration Form

- Child's Info
- Parent Info
- Emergency & Authorized Pick up
- Care Card Number
- Doctor/Dentist Info
- Medical/Allergy info
- Questionnaire
- Parent/Guardian Signature

☐ Parent Agreement (one copy for the school, keep one copy for your records)

☐ Waiver Release Form

☐ Emergency Cards (please complete BOTH copies on the sheet)

- Child's Info
- Parent Info
- Care Card Number
- Doctor Name and Number
- Alternate Pick Up
- Out of Province or Out of Country Contact
- Parent/Guardian Signature

☐ Immunization Record & Emergency Medical Aid Information

☐ Photograph of Child (required security measure, in case of emergency)

PLEASE COMPLETE ALL FORMS AND RETURN TO THE ENROLLMENT COORDINATOR OR PLACE IN THE ENROLLMENT MAIL SLOT IN THE SCHOOL CLOAKROOM.



2026/2027 SCHOOL YEAR FEES & PAYMENT PROCEDURES

The following fees are associated with enrollment and ongoing membership with Happy Days Playschool Association. The fees and payment procedures are detailed as follows:

ENROLLMENT & MEMBERSHIP FEES

ENROLLMENT FEE

A non-refundable enrollment fee of \$30 is payable upon registration of a child at Happy Days Playschool. This fee secures a space for the child in the chosen class. This fee is payable by direct debit from your bank account or by cheque. Direct debit will be processed upon receipt. Cheque payments shall be dated payable at the time enrollment forms are submitted and be made payable to Happy Days Playschool.

MONTHLY TUITION FEES

MONTHLY TUITION FEES

Tuition fees are to be paid by direct debit from your bank account. We no longer accept cash or cheque payments for tuition fees. Please complete the preauthorized debit permission form and submit with your enrollment form.

For September enrollment, **the monthly tuition fee for September will be withdrawn on August 1.** Please notify the preschool ASAP if your banking details change.

Should you withdraw from Happy Days Playschool within 30 days prior to the scheduled start date; this first monthly tuition fee shall be non-refundable.

In the event that a payment is returned, a fee of \$30 will be added to the tuition fee outstanding.

Withdrawals from the Preschool must be made in writing to the Enrollment Coordinator and must give a minimum of 1 calendar month notice. ie Withdrawal for January 15 must occur on or before December 1.

Monthly tuition fees will be processed on the 1st of the month (October-June).

FEE SCHEDULE *(all 2026/2027 fees subject to CCFRI approval):*

CRICKETS (Tue/Thu am 2 hr) - 2 Day Class for 3 year olds.....\$155/month

DRAGONFLIES (Mon/Wed/Fri am 2.5 hr) - 3 Day Class for 4 year olds.....\$220/month

BUMBLEBEES (Mon/Wed/Fri am 2.5hr, Tue/Thu am 2 hr) - 5 Day Class for 4 year olds.....\$365/month

*****Fees listed are before any CCFRI reduction*****



2026/2027 MONTHLY TUITION FEES

HAPPY DAYS PLAYSCHOOL ASSOCIATION
489 Mundy Street,
Coquitlam, BC V3K 5N2

Welcome to Happy Days Playschool. To help reduce administration time and costs we will no longer be accepting cheques or cash for tuition fee payments.

We've added a new payment option to make it really easy for you to pay us. Sign up for the convenience of automatic payments and we'll debit your account based on your monthly tuition rate on the 1st of every month (Oct-Jun) with the September tuition debited on August 1.

Don't worry, if you ever need to make a change we'll gladly accommodate your request, please be considerate and give us enough notice to process the change before your next due date. Direct debits are safe, environmentally friendly, and won't cost you a dime!

Please note, we will no longer accept cash or cheques for tuition fee payments.

Tuition fees are due on the 1st of every month. Payments not received by the 1st are subject to a \$50 late fee.

September tuition will be withdrawn on August 1.

This agreement is valid for the current school year only. A new agreement must be made every school year.

PLEASE COMPLETE AN ONLINE AGREEMENT THROUGH OUR PAYMENTS PARTNER, ROTESSA:

<https://app.rotessa.com/authorize/happydaysplayschool>

Questions? Contact Christina: happydayscoq@gmail.com



2026/2027 REGISTRATION FORM

Registering for:

- ☐ Crickets \$157 (Tue/Thu am) ☐ Dragonflies \$220 (Mon/Wed/Fri am) ☐ Bumblebees \$365 (Mon/Wed/Fri am, Tue/Thu am)

Child's Information

Name of Child: _____
(Surname) (First Name)

Name Child Responds to: _____ Sex: F: _____ M: _____

Address: _____
(Street) (City) (Postal Code)

Birth date: _____ / _____ / _____ Home Phone#: _____
(year) (month) (day)

Parent/Guardian's Information (First Emergency Contact)

Parent's Name: _____
(Surname) (First Name)

Relationship to Child: _____ Email Address: _____

Address (if different than above): _____

Cell Phone #: _____ Work Phone #: _____

Employer's Name & Address: _____

Days & hours of Work: _____

Parent/Guardian's Information (Second Emergency Contact)

Parent's Name: _____
(Surname) (First Name)

Relationship to Child: _____ Email Address: _____

Address (if different than above): _____

Cell Phone #: _____ Work Phone #: _____

Employer's Name & Address: _____

Days & hours of Work: _____

Emergency Contacts & Persons Authorized to Pick Up the Child from Preschool (other than parent/guardians):

List in order of who to contact first, second, third

Additional Authorized people for pick-up please attach to back

	Contact Name	Relationship to Child	Cell/Work #	Home Phone #
1				
2				
3				
4				
5				
6				

Is there a custody agreement/order in place? Y / N

If yes, you must provide a copy of the agreement/order with the facility manager.

Emergency Health Information

BC Health Care Card #: _____

Family Doctor/Clinic: _____ Family Dentist/Clinic: _____

Address: _____ Address: _____

Phone #: _____ Phone #: _____

Employer's Name & Address: _____

Days & hours of Work: _____

Does your child have any allergies? Y / N If yes, please provide details of allergy/reactions/treatment.

Please list any medication your child takes regularly and the reason for taking the medication.

QUESTIONNAIRE

How did you hear about us? _____

Are you a returning Happy Days family? Y / N If yes, prior year(s): _____

Please list any siblings and their ages: _____

What is the primary language spoken at home? _____

Does your child speak and/or understand any other languages? _____

Please list any religious or ethnic observances in your family? _____

Has your child had other play/recreational/daycare experiences away from home? Y / N

If yes, how did he/she react? _____

How does your child behave towards other children (ie seeks out new friends/feels shy/etc)? _____

What is/are your child's favourite toy(s)/activities? _____

How does your child react with unfamiliar people and/or in unfamiliar situations? _____

Does your child have any particular fears? If yes, please describe: _____

How can staff help make your child's transition to our preschool program easier? _____

Is your child toilet-trained? Y / N

Please describe any concerns you may have about your child's development (behaviour, language, vision, speech, mobility, etc). _____

QUESTIONNAIRE (continued)

Please list any health care professionals, other than family doctor, involved in your child's life (ie physiotherapist, occupational therapist, speech therapist)? _____

Has your child seen a doctor/therapist in regards to delayed developmental stage? Y / N

Is your child on a waitlist to see a doctor/therapist in regards to developmental stage delay? Y / N

Does your child have a diagnosis of any sort (ie developmental delay, Autism, ADHD, etc)? Y / N

If yes, please describe: _____

Has your child ever been asked to leave another daycare or preschool program? Y / N

If yes, why?: _____

Please provide any additional information you feel necessary to provide to Happy Days:

Information Provided by: _____
(Print name) (Relationship to Child)

(Signature) (Date)

FOR HAPPY DAYS ENROLLMENT COORDINATOR ONLY

Information Processed by: _____
(Print name) (Date)

Application Accepted: Y / N

Enrolling for: _____
(Month) (Year) (Class)



PARENT AGREEMENT

(SCHOOL COPY)

Please read and sign below

1. Morning sessions are from 9:15 a.m. to 11:15 a.m., afternoon sessions are from 12:30 p.m. to 2:30 p.m. I will make every effort to be prompt in bringing my child to school so the program may begin, and in picking my child up at the end of the session so no one must wait for me.
2. I will not send my child to school if there is any question of illness. If my child contracts a communicable disease, I will notify the teacher immediately so that other families may be made aware of the contact. I will also advise the teacher of any allergies or dietary concerns.
3. I will notify the teacher if my child will not be attending preschool for the day, so that the rest of the class does not wait unnecessarily. In order to help the teacher deal with any potential unusual behaviour, I will inform the teacher of any event or change in routine at home that may affect my child.
4. If I have any questions about my child's progress or the preschool program, I will direct them to the teacher. I will direct suggestions about the administration of the playschool to the Executive via my class representative.
5. I understand that I am responsible for knowing the contents of the Parent Handbook.
6. I understand that my child is expected to be toilet trained or in the process of learning to use the toilet. If my child is not completely toilet trained, I will put my child in a diaper or pull-ups for sanitary reasons. I understand that I will be called should a change be required.
7. In case of injury to my child while in the care, custody, or control of the playschool, I hereby waive all claims against the school in excess of public liability insurance carried by the playschool. In case of car-pooling and transportation of children other than my own to and from school, I am aware that adequate third person liability on my private automobile insurance is mandatory.
8. I will pay my child's tuition fees by preauthorized direct debit from September to June.
9. If it becomes necessary to withdraw my child from the school, I will give one (1) calendar months' notice in writing to the Enrollment Officer or pay one (1) month's tuition in lieu of notice. If I withdraw my child within 30 days of the scheduled start date (e.g. September), I will waive my first month's prepaid tuition fees.
10. The staff have final say on eligibility for moving between programs. There may be a trial period or waiting period before a spot is granted.

I have carefully read the above Parent Agreement and agree to follow it to the best of my abilities. I am willing to abide by the Constitution and Bylaws of Happy Days Playschool Association. I understand that failure to comply with Association policies and procedures may result in the suspension or termination of my membership. My signature indicates that I agree with all of the above.

Name (please print)

Signature

Date

Child's Name

Child's Class (please check) ☐ **Cricketts** ☐ **Dragonflies** ☐ **Bumblebees (5 day class)**



PARENT AGREEMENT

(PARENT COPY)

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Name (please print)

Signature

Date

Child's Name

Child's Class (please check) ☐ **Cricket** ☐ **Dragonflies** ☐ **Bumblebees (5 day class)**



IMMUNIZATION RECORD & EMERGENCY MEDICAL AID

Check class child is registered for:

- ☐ Crickets (Tue/Thurs am)
- ☐ Dragonflies (Mon/Wed/Fri am)
- ☐ Bumblebees 5 day (Mon/Wed/Fri am, Tue/Thu am)

Name of Child _____
(Surname) (First Name)

Birth Date: ____/____/____
(year) (month) (day)

The Child Care Licensing Regulations require that children's immunization records are maintained.

My child _____ is up to date with his/her vaccinations.

My child _____ is not up to date with his/her vaccinations.

I authorize the staff at Happy Days Playschool to call a medical practitioner or ambulance in the case of accident or illness of my child, if the parent cannot immediately be reached.

Authorized by Parent/Guardian: _____
(Print name)

(Signature) (Date)



Note to Parents – please complete information on both cards

STUDENT EMERGENCY CARD - NORTH BAG

Child:	Date of Birth:	
Address		
Home Phone	BC Care Card #:	
Mother's Name	Work No.:	Cell #:
Father's Name	Work No.:	Cell #:
Doctor's Name	Phone No.:	
Child's Allergies/Medical Conditions		
Date of Child's last Tetanus Shot		
<u>Alternate Contact & Authorized Pick Up:</u>		
		Phone No.:
		Phone No.:
<u>Out of Province or Out of Country Emergency Contact:</u>		
		Phone No.:
I authorize Happy Days Playschool to obtain emergency medical treatment for my child in the event they are unable to reach me. I consent to an ambulance transporting my child if necessary.		
Signature of Authorized Guardian		Date:



Note to Parents – please complete information on both cards

STUDENT EMERGENCY CARD - SOUTH BAG

Child:	Date of Birth:	
Address		
Home Phone	BC Care Card #:	
Mother's Name	Work No.:	Cell #:
Father's Name	Work No.:	Cell #:
Doctor's Name	Phone No.:	
Child's Allergies/Medical Conditions		
Date of Child's last Tetanus Shot		
<u>Alternate Contact & Authorized Pick Up:</u>		
		Phone No.:
		Phone No.:
<u>Out of Province or Out of Country Emergency Contact:</u>		
		Phone No.:
I authorize Happy Days Playschool to obtain emergency medical treatment for my child in the event they are unable to reach me. I consent to an ambulance transporting my child if necessary.		
Signature of Authorized Guardian		Date:



Waiver of Release of Information / Photographs

Dear: Parents/ Guardians,

Happy Days Playschool would like to share the following information with other parents in your child's class in the form of a class list:

- Student's FIRST and LAST name
- Parent's FIRST and LAST name
- Home phone number
- E-mail address
- Photographs

This information will be useful to you when arranging play dates, emergency pick-ups, Valentine's Day, etc. Also, the children in the class are spending a lot of time together and it is nice to know who will be around your child when they are at school.

From time to time your child's photo may be on display in the pre-school, as well, we put together a year-end DVD which is compiled of pictures taken throughout the school year. The DVD is only available to Happy Days students. The pictures that are taken will ONLY be shared with those attending Happy Days playschool.

I, _____, hereby give permission to Happy Days Playschool to distribute the information mentioned above to families enrolled in Happy Days ONLY. I also give permission to use my child's photos in the ways mentioned above ONLY.

Childs Name: _____

Parent Signature: _____

Date: _____

Happy Days Playschool promotes healthy food choices and responsible food handling for the children's snacks and other shared food.

Parents are responsible for preparing the snack for their own child. Food must be cut into bite-sized pieces. Extra care must be taken with foods that pose a choking hazard (e.g. grapes must be cut lengthwise into halves and carrots must be cut lengthwise).

Policies and Procedures

1.4 Nutrition and Snacks (Effective September 2006, Revised August 2018)

- a) The Association believes in healthy food choices which promote growth and development in children.
- b) Parents must provide their children with snack items that include healthy choices and from a variety of food groups as recommended by the Canada Food Guide. Candy and cookies are not an acceptable snack option.
- c) A snack is part of the daily curriculum except for field trip days (see Policy and Procedures 3.5) and special occasion party days (ie Halloween, Christmas etc), when an alternate snack will be arranged.
- d) Children must bring a reusable water bottle to every class which will be brought out at snack time. No juices or other beverages are permitted.
- e) Food allergies and sensitives must be communicated and respected by the entire school population. Staff will keep a listing of children with food allergies, symptom and treatment information in the school kitchen. See Policy and Procedure 3.3 for more information.
- f) Students with food preferences, whether it be for religious, personal or other reasons, are not included in the allergy alert notices.