



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

Start Date: _____

February 1, 2026

Dear Parents/Guardians,

Thank you for choosing Tapestry Christian Early Learning! Enclosed, you will find the Registration Package for the 2026/2027 school year.

Tapestry Christian Early Learning will continue to offer enrollment for children ages 30 months to 5 years of age. We have a full program (M-F 9:00am to 3:30pm) and a variety of part-time programs as listed in our registration package. If your preferred days are full, you may choose to be placed on the waitlist.

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
- \$70 Non-refundable annual registration fee
- PAD form for automatic withdrawal and bank account confirmation with VOID CHEQUE
- Copy of CURRENT IMMUNIZATION RECORD
- Copy of BIRTH CERTIFICATE
- 2 Current photos of child (1 X 1 ID size)
- Important: Child Care Emergency Form & Parent Handbook Declaration Form
- Others: Kindly fill-up the other forms if your child has special needs or needs some extra medical attention.

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



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**TAPESTRY CHRISTIAN EARLY LEARNING
2026/2027 REGISTRATION FORM**

Start Date: _____

Personal Information

Child's Name: _____ DOB: _____
 First Middle Surname 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 EMERGENCY

Name: _____ Relationship: _____

Phone: _____ Language(s) Spoken: _____

Name: _____ Relationship: _____

Phone: _____ Language(s) Spoken: _____

PERSON(S) AUTHORIZED TO DROP & PICK-UP CHILD (Include Legal Guardians)

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

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



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Emergency Health Information

Start Date: _____

Care Card Number/MSP: _____

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:

Does your child nap during the day? YES NO Usually what time? _____

Is your child toilet-trained? YES NO Describe _____



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PLEASE READ CAREFULLY, CHECK BOXES AND SIGN BELOW

Start Date: _____

Child born in: 2022 2023 2024

Please indicate your class preference below:

Program	Days	Time
Full Program	<input type="checkbox"/> Monday /Tuesday/Wednesday/Thursday/Friday	9:00am - 3:30pm
Morning	<input type="checkbox"/> Monday /Wednesday/Friday <input type="checkbox"/> Tues/Thursday	9:00am – 12:30pm
Full Day	<input type="checkbox"/> Monday /Wednesday/Friday <input type="checkbox"/> Tuesday/Thursday	9:00am – 3:30pm

Please indicate the corresponding payment schedule as shown below:
Kindly look at the rates in asterisk- this will be your reduced fee.

Program	*Cost per month*	
	(3-5 years)	(Under 3yrs)
<input type="checkbox"/> Full Program: M-F (9:00am to 3:30pm)	\$991.00 / *\$446.00	\$1,005.00 / *\$200.00
Morning program:		
<input type="checkbox"/> M/W/F AM only (9:00am-12:30 pm)	\$386.00 / *\$222.50	\$392.00 / *\$150.50
<input type="checkbox"/> T/TH AM only (9:00am-12:30pm)	\$250.00 / *\$141.00	\$254.00 / *\$93.00
Full-day program:		
<input type="checkbox"/> M/W/F full day (9:00am-3:30pm)	\$646.00 / *\$319.00	\$658.00 / *\$175.00
<input type="checkbox"/> T/TH full day (9:00am-3:30pm)	\$464.00 / *\$246.00	\$471.00 / *\$149.00
Drop In Fees (based on availability):	Daily fee	* Remarks: Parents, please see the reduced rates.
Morning only (9:00am – 12:30pm)	\$35.00	
Afternoon only (12:30pm – 3:30pm)	\$30.00	
*Note: you must be in session in the morning to add this drop-in option		
Full Day (9:00am – 3:30pm)	\$60.00	

Where did you hear about us?



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TERMS & CONDITIONS OF ENROLLMENT

Start Date: _____

Please **CHECK** each box below:

- I understand that a payment of \$70.00 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 2026 to May 2027 (example: August 1 auto-debit for September classes). **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 2026 will be given to withdrawal request received by August 1, 2026.**
- I understand that **no refunds will be given for June 2027 after April 30, 2027.**
- 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 General Meeting (AGM) which is usually held in December.**

I agree and understand the registration policies and procedures.

Parent/Guardian Signature _____ **Date** _____

OFFICE USE ONLY – PAYMENT HISTORY
 STUDENT START DATE: _____

MONTHLY FEE: \$ _____

	Amt Due	Date Processed	Cheque #	Staff Initial		Amt Due	Date Processed	Cheque #	Staff Initial
Reg Fee	\$70	_____	_____	_____	Dec	\$ _____	_____	_____	_____
Aug	\$ _____	_____	_____	_____	Jan	\$ _____	_____	_____	_____
Sept	\$ _____	_____	_____	_____	Feb	\$ _____	_____	_____	_____
Oct	\$ _____	_____	_____	_____	Mar	\$ _____	_____	_____	_____
Nov	\$ _____	_____	_____	_____	Apr	\$ _____	_____	_____	_____
					May	\$ _____	_____	_____	_____



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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? Behavior challenges? Speech Delay? Others?



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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



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Other information that you would like us to know about your child. Thank you.