

March 30, 2026

Dear Parents/Guardians,

Thank you for choosing Tapestry Christian Early Learning! Enclosed, you will find the Registration Package for the 2026 Summer Program.

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
- For New families - Program fee (cheque payable to Tapestry Christian Early Learning)
- Old families to just sign and submit page 4
- For old families – Program Fee shall be debited via Rotessa app
- Copy of current immunization record (if child does not currently attend TCEL)
- Copy of birth certificate (if child does not currently attend TCEL)
- 2 Current photos of child (if child does not currently attend TCEL)

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



Student start date: _____

**TAPESTRY CHRISTIAN EARLY LEARNING
2026 SUMMER PROGRAM REGISTRATION FORM**

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 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.

Emergency Health Information

Care Card Number: _____ 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:

Is my child toilet-trained? YES NO If no, please describe: _____

PLEASE READ CAREFULLY, CHECK BOXES AND SIGN BELOW

Child born in: 2022 2023 2024

Please indicate your Program preference below- you may choose the weeks when your child can join:

***If you enroll for the whole 3 weeks summer camp, you get savings of \$180.00.**

Please confirm with Ms. Irene about your final rate to be paid. Thank you.

Example: 1 week camp fee will be based on cost

*2 weeks camp fee will be computed as 210 * 2 weeks = 420 Less 90 savings = \$330 total*

*3 weeks camp fee will be computed as 210 * 3 weeks = 630 Less 180 savings = \$450 total*

Program	Dates & Time	Cost / Reduced Cost
Week 1 (Outdoor Adventure)	<input type="checkbox"/> August 10 – 14 (9:00am – 1:30pm)	\$210 / \$155
Week 2 (S.T.E.A.M.)	<input type="checkbox"/> August 17 – 21 (9:00am – 1:30pm)	\$210 / \$ 155
Week 3 (Music & Movement)	<input type="checkbox"/> August 24 – 28 (9:00am – 1:30pm)	\$210 / \$155

Remarks: Please choose if you will do 1, 2, or 3-weeks (full time).

Bring your own snack and lunch. NO NAP TIME. Dismissal at 1:30PM.

Please READ and CHECK each box below:

I understand that fees are due upon registration/reservation of slot.

I understand that I must give one week's written notice before the first day of the program to receive a full refund of program fees. 50% of the program fees will be refunded if withdrawal notice is given less than one week before the first day. No refunds will be given if withdrawal notice is given on or after the first day.

I have read and understand all the information provided in the Tapestry Christian Early Learning Summer Program Parent Handbook that was emailed to me.

YES / NO (**Please circle answer**), my child will continue to TCEL for next school year 2026-2027.

I agree and understand the registration policies and procedures.

Parent/Guardian Signature _____ **Date** _____

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



Please attach child's photo to this form

**Tapestry Christian Early Learning
CHILD CARE EMERGENCY CONSENT FORM**

CHILD'S NAME: _____ BIRTHDATE: _____
SURNAME, FIRST NAME(S) YEAR/MONTH/DAY

ADDRESS: _____

PARENT'S NAME: _____ HOME PHONE: _____

CELL PHONE: _____ WORK PHONE: _____

PARENT'S NAME: _____ HOME PHONE: _____

CELL PHONE: _____ WORK PHONE: _____

EMERGENCY CONTACT (other than the parent/s): _____

EMERGENCY PHONE NUMBER: _____

CHILD'S DOCTOR: _____ PHONE: _____

DATE OF MOST RECENT TETANUS SHOT: _____

ALLERGIES / MEDICATIONS:

CHILD'S DENTIST: _____ PHONE: _____

CARE CARD NUMBER: _____

DATE SIGNATURE OF PARENT / GUARDIAN

CONSENT

- 1) It is the policy of this facility to notify a parent when a child is ill or needs medical attention. Occasionally we cannot contact parents and we need to get immediate help for the child. Our procedure is to call for an ambulance.
- 2) Please sign the consent below so that we can take the appropriate action on behalf of your child. Return the signed consent to the facility immediately. We will take this consent with us to the emergency centre.
- 3) I hereby give consent for my child _____ to be taken to the nearest emergency centre when I cannot be contacted.
- 4) I hereby give consent for my child named above to receive medical treatment.

DATE SIGNATURE OF PARENT / GUARDIAN

Tapestry Christian Early Learning

SUMMER PARENT HANDBOOK DECLARATION

I _____ have read and understand all the information provided in the Tapestry Christian Early Learning Parent Handbook.

I _____ understand that by registering my child at Tapestry Christian Early Learning, a non-profit society I am a member at large and upon my child's graduation and/or withdrawal from the program my membership is no longer active.

DATE

SIGNATURE OF PARENT/GUARDIAN

SIGNATURE OF PROGRAM DIRECTOR