



Regina Christian School - PRESCHOOL

621 Douglas Avenue East
Regina, Saskatchewan
S4N 1H7

Phone: (306) 775-0919
E-mail: development@myrcs.org
www.reginachristianschool.org

PRESCHOOL REGISTRATION 2025-26

CHILD'S INFORMATION

Child's Name: _____
(FIRST) (LAST)

My child's preferred name in the classroom is: _____

Gender: Male Female

IMPORTANT - Please Note: Preschool for the 2025-26 school year is ONLY at our new Early Years Campus at 621 Douglas Avenue East.

Birthdate: _____ (mm/dd/yy)

Address: _____

City: _____ Postal Code: _____

Parent(s) Name(s): _____

PRIMARY PARENT/GUARDIAN CONTACT INFORMATION

Primary Contact Name: _____
(FIRST) (LAST)

Relationship to child: _____ Occupation: _____

Main Contact No.(Easiest to Reach): _____ Alt. No.: _____

Email Address: _____

Church attending (if any): _____ For how long: _____

SECONDARY PARENT/GUARDIAN CONTACT INFORMATION

Secondary Contact Name: _____
(FIRST) (LAST)

Relationship to child: _____ Occupation: _____

Main Contact No.: _____ Alt. No.: _____

Email Address: _____

Church attending (if any): _____ For how long: _____

Please select one of the following preschool classes.

3 & 4 Year-old Program:

Please Note: Your child must be 3 years old by September 1st, 2025 to attend this class.

Three classes per week:

- Monday, Wednesday and Friday mornings (9:00 am —11:30 am)
- Tuesday, Thursday and Friday mornings (9:00 am —11:30 am)

Two classes per week:

- Monday & Wednesday mornings (9:00 am —11:30 am)
- Tuesday & Thursday mornings (9:00 am —11:30 am)

4 & 5 Year-old Program:

Please Note: Your child must be 4 years old by September 1st, 2025 to attend this class.

Three classes per week:

- Monday, Wednesday and Friday afternoons (1:00 pm —3:30 pm)
- Tuesday, Thursday and Friday afternoons (1:00 pm —3:30 pm)

Two classes per week:

- Monday & Wednesday afternoons (1:00 pm —3:30 pm)
- Tuesday & Thursday afternoons (1:00 pm —3:30 pm)

CHILD BACKGROUND INFORMATION

Marital status of parents: _____

Custody/visiting arrangements: _____

List siblings and their ages: _____

Is any language other than English used at home? _____

Is your child fully toilet trained? * (No Pull-Ups) Yes No

**Please note that preschool students must be fully toilet trained (no pull ups) and independent in the bathroom to attend preschool. This means they can verbalize when they have to go to the bathroom, they can manage taking off and putting on their clothing independently, and can wipe/clean themselves and wash their hands independently.*

Does your child have any special fears/anxieties/concerns?

Does your child have any health problems that we should be aware of?

Does your child have any special needs or require assistance with hearing, vision, speech, emotional or physical development?

Do you have any concerns about any aspect of your child's development?

Does your child have any allergies? If so, please describe reaction and treatment: _____

Does your child take any regular medication?

What are your child's favorite activities?

Has your child had group play experience? _____

Does your child play well alone? _____ In groups? _____

Has your child been cared for by someone besides family? _____

If so, please describe: _____

Has your child gone to preschool or daycare before? _____

What do you hope will be included in your child's preschool program?

Please circle characteristics below that describe your child...

Happy	Aggressive	Friendly	Moody	Clumsy	Dependent
Stubborn	Impulsive	Fearful	Quiet	Sleepy	Good-Natured
Attentive	Sympathetic	Independent	Shy	Other	_____

Will your child be entering Kindergarten in September 2026?

- Yes
- No
- Uncertain

Persons authorized to pick up your child:

Name: _____	Relationship: _____
Name: _____	Relationship: _____
Name: _____	Relationship: _____
Name: _____	Relationship: _____

Persons to be notified in case of an emergency:

Name: _____	Relationship: _____	Contact No.: _____
Name: _____	Relationship: _____	Contact No.: _____
Name: _____	Relationship: _____	Contact No.: _____

Child's Physician: _____ Phone: _____

Address: _____

Emergency Hospital Preference: _____

Parent Signature: _____ Date: _____

2025-26 REGISTRATION INFORMATION

Registration Fee:

I have included the \$50 non-refundable registration fee (indicate payment method):

- Cheque Cash Debit MasterCard Visa

Please select one of the following preschool classes.

3 & 4 Year-old Program:

Child is 3 years old by *September 1st, 2025*. Y N

Three classes per week:

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Two classes per week:

- Monday & Wednesday mornings (9:00 am —11:30 am)
 Tuesday & Thursday mornings (9:00 am —11:30 am)

4 & 5 Year-old Program:

Child is 4 years old by *September 1st, 2025*. Y N

Three classes per week:

- Monday, Wednesday and Friday afternoons (1:00 pm —3:30 pm)
 Tuesday, Thursday and Friday afternoons (1:00 pm —3:30 pm)

Two classes per week:

- Monday & Wednesday afternoons (1:00 pm —3:30 pm)
 Tuesday & Thursday afternoons (1:00 pm —3:30 pm)

Class Fees:

\$1400 per year for 2 classes per week*

\$1800 per year for 3 classes per week*

**Payments can be made in full or divided equally over ten months, Sept. to June.*

Payment Plan:

Payment in full

Method of Payment: E-transfer** Cash Cheque Debit Credit card

***E-transfers can be made to receivables@myrcs.org. Please include your full name and address along with "Preschool fees" in the message field.*

Monthly payments (equal payments over ten months, Aug. to May)

Method of Payment:

- Monthly credit card withdrawal (over 10 months)
 Pre-authorized debit*** (over 10 months)

****Please complete a Pre-Authorized Debit (PAD) Agreement form, available at the finance office or online.*

If paying by credit card, please complete the following:

Credit Card No.: _____ Expiry: _____ M/C Visa

Payments will be processed on the 30th (or closest business day following) of the month from Aug. to May.

I understand that it is required that I give one full month's notice to withdraw my child from preschool or pay one-month's fee. (e.g.: If notice is given January 15th, you would still be responsible for the remainder of January and all of February's fees.)

Signature: _____

Date: _____

OFFICE USE ONLY:	
<input type="checkbox"/> Registration fee received	<input type="checkbox"/> Paid in full
<input type="checkbox"/> PAD received	