Bethany Child Care Centre
22680 Westminster Hwy
Richmond BC V6V 1B7

CHILD CARE PRE-REGISTRATION FORM
Bethany Child Care Centre

Thank you for your interest in Bethany Child Care Centre.

Please complete this form to provide us with information about your childcare needs. Once we receive your completed form, a member of our team will contact you to arrange a tour of our Centre.

Following the tour, families who wish to proceed with registration will be placed on our waitlist for the requested program, subject to the availability and enrolment requirements of the Centre.

Please note: Completing this form does not guarantee a childcare space or automatically place your child on our waitlist.

Once your child is enrolled in the Centre, then you can apply for a parent account on the Website.

CHILD INFORMATION
Child's Full Name: _____
Preferred Name: _____
Date of Birth: _____

PARENT/GUARDIAN INFORMATION
Parent/Guardian 1
Full Name: _____
Relationship to Child: _____
Phone: _____
Email: _____
Parent/Guardian 2
Full Name: _____
Relationship to Child: _____
Phone: _____
Email: _____

PROGRAM OF INTEREST
☐ Infant/Toddler Program
☐ 3-5 Program
☐ Before and After School Care
Requested Start Date: _____

BEFORE AND AFTER SCHOOL CARE FOR HAMILTON SCHOOL
Grade: _____ School Year: _____
☐ Before School Care
☐ After School Care
☐ Before and After School Care

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CHILD INFORMATION

Does your child have any allergies? ☐ No ☐ Yes — Please provide details:

_____

_____

Does your child have any medical, developmental, or other needs that would be helpful for us to know? ☐ No ☐ Yes — Please provide details:

_____

_____

TOUR REQUEST

Tours are by appointment only and given on Tuesdays, Wednesdays and Thursdays between 3:00-6:00PM

Preferred days/times for a tour:

_____

_____

PARENT/GUARDIAN ACKNOWLEDGEMENT

I understand that this form is an initial pre-registration and tour request.
I understand that completing this form does not guarantee a childcare space and does not automatically place my child on the Centre's waitlist.

Following a tour of the Centre, I will have the opportunity to confirm whether I wish to proceed with having my child placed on the waitlist for the requested program.

I confirm that the information provided is accurate and complete.

Parent/Guardian Name: _____
Signature: _____
Date: _____

FOR CENTRE USE ONLY

Date Form Received: _____
Program Requested: _____
Requested Start Date: _____
Tour Scheduled: ☐ Yes ☐ No
Tour Date: _____
Family Confirmed Interest After Tour: ☐ Yes ☐ No
Child Added to Waitlist: ☐ Yes ☐ No
Date Added to Waitlist: _____
Staff Initials: _____

Notes:

_____

_____

☎Tel: 604-519-0133
✉Email: CHILDCARE@BETHANYBAPTIST.BC.CA
Web: WWW.BETHANYCHILDCARE.CA