



Stars of Tomorrow Early Learning
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Registration Form

Desired Start Date: _____

Desired Schedule: _____

OFFICE USE ONLY

Waitlisted Date: _____

Registration Fee: PAID ☐ CASH ☐ CHEQUE ☐

Student Information

First Name: _____

Last Name: _____

Nickname: _____

Gender: ☐ Male / ☐ Female

Date of Birth: _____

Home Address: _____

Personal Health Number (Care Card): _____

First Language: _____

Second Language: _____

Sibling Information

First Name: _____

Last Name: _____

Gender: ☐ Male / ☐ Female

Date of Birth: _____

Parent / Guardian Information

Parent / Guardian #1

First Name: _____

Last Name: _____

Relationship with Child: _____

Occupation: _____

Birthday: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email Address: _____

Parent / Guardian #2

First Name: _____

Last Name: _____

Relationship with Child: _____

Occupation: _____

Birthday: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email Address: _____

Correspondence should be sent to:☐ Both parents/guardians☐ Parent/Guardian #1☐ Parent/Guardian #2**Is there a custody agreement?**☐ YES☐ NO

If YES, please provide the school a copy of the custody agreement.

Terms & Conditions

Registration and Fees

☐ I acknowledge that a copy of my child's birth certificate or passport must be submitted in order to complete the waitlist registration.

☐ I acknowledge that a non-refundable registration fee of \$100 must be submitted in order to complete the waitlist registration. The registration fee does not guarantee a space for my child and will not be applied to my tuition fee.

☐ I acknowledge that a non-refundable tuition deposit (equals to one month tuition fee) must be submitted in order to secure a space for my child. The tuition deposit will be applied to my last month's tuition upon providing the school with TWO calendar months withdrawal notice in writing. The tuition deposit is non-refundable in any case.

Parent / Guardian's Name

Parent / Guardian's Signature

Date