



Megan Grijalva
102 1290 Ponderosa
Sparwood B.C V0B 2G2
Classroom Cell Phone: 250-278-0430
Classroom Landline Phone: 778-518-2033
E-mail: laughandlearnsparwood@gmail.com

Registration Application September 2026-June 2027 for 3-5 Year Old Program

Program:

- Fees are pro-rated meaning on a per month basis on a set amount September 2026- June 2027, accounted for all no school Fridays/stat's/closures/break days throughout the whole year.
- Full-Time Enrollment has seniority for acceptances.
- Children attending must be potty trained, and require no nap as our program routine requires.
- Please note, we have the right to pause/cancel child enrollments if your child is not ready/not a good fit for our program, after exhausting all options.
- If you parents work/live outside of Sparwood your child must have an emergency contact living within Sparwood that is able to pick your child up within a 15-minute time frame if an emergency arises.
- Acceptance Letters will be going out as we go through child files, but can expect an email of acceptance letter or waitlisted email by April 30th 2026.
- First months non-refundables fee's are required to hold your child's spot and pay for first months fee's (September) that will be Invoiced on July 1st 2026 and must be paid by July 31st 2026. Therefore, we will know of any available positions for waitlisted parents by August 1st.
- Parent Handbook, Policies & Procedures will be confirmed and emailed out on June 1st 2026.

Hours:

- 8:30am-3:00pm
-Drop Off Time 8:30am-9:00am & Pick Up Time: 2:45pm-3:00pm

****ALL FEE'S INCLUDE CHILD CARE FEE REDUCTION INITIATIVE,**

Our facility is approved with CCFRI, from Sept 2026-April 2027 (which then we re-apply to be re-approved) and will be automatically deducted from your invoice each month.

- o Full-Time/Mon-Fri (except no school Fridays); \$425/Month
- o M/W/F (except no school Fridays); \$321/Month
- o M/W; \$264/Month
- o T/Th; \$264/Month
- o Drop in is based on availability; \$32.75/Day

Please fill out forms and email back to:
Laughandlearnsparwood@gmail.com

Today's Date: _____

Position Applying for: (please Check)

- Full-Time 3-5 Year Old Program
- Monday/Wednesday/Friday 3-5 Year Old Program
- Monday & Wednesday 3-5 Year Old Program
- Tuesday & Wednesday 3-5 Year Old Program
- Drop In

Child Information:

Child's Name:

_____ (First) _____ (Middle) _____ (Last)

Date of Birth: ____/____/____ Age: ____ Gender: ____
Day Month Year (Years) (M/F)

Living Address: _____ City: _____ Postal Code: _____ Province: ____

Mailing Address: (If Different):

Mailing Address: _____ City: _____ Postal Code: _____ Province: ____

Family Information

#1 Guardian/Parent Name:

_____ (First)

_____ (Last)

Relationship to child: _____

Cell Phone: _____

Email: _____

Address: _____

Employment: _____

Work Phone Number: _____

Position: _____

Employment Address: _____

Work Phone Number: _____

#2 Guardian/Parent Name:

(First)

(Last)

Relationship to child: _____

Address: _____

Cell Phone: _____

Email: _____

Employment: _____

Work Phone Number: _____

Position: _____

Employment Address: _____

Getting to Know your Child:

Special instructions concerning Care, Allergies, Medication, Diet, Childs Development delays, Special Diagnoses' or Custody/Separated Parents:

Has your Child attended a facility/preschool/daycare/child minding program before:

Yes. No.

Do you understand our program is a Kindergarten Readiness Program? Meaning your aware all children must be fully potty trained & no longer nap within the day.

Yes. No.

What are your Childs Likes: (Food, Toys, Activity):

What are your Childs Dislikes: (Food, Toys, Activity):

What area do you wish your child to gain from Laugh & Learn:

- Cognitive Skills
- Social Skills
- Emotional Skills
- Gross Motor Skills
- Fine Motor Skills
- Language Skills



Megan's LL Sparwood Kids Corp.
Megan Verhaeghe-Grijalva (Owner/Operator)
Unit 103 1290 Ponderosa Dr
Sparwood B.C. V0B 2G2
Email: laughandlearnsparwood@gmail.com
Website: laughandlearnsparwood.ca
Cell: 250-278-0430
Classroom: 778-518-2033

Parent/Caregiver Billing Information:

Information for Invoices & Billing:

Please fill in information for Invoices, after invoices are paid, a receipt is sent to the below email address. Only one email is eligible for billing purposes.

We encourage all parents to keep these for tax purposes.

Invoices throughout the year are sent by the 25th of the month prior, and must be paid by/on the 1st.

Only exception to above policy is the first month/start of the school year in September. In July invoices are sent out early because in previous years, the first day of school will start and families will drop out last minute without joining. This is to ensure other families aren't waiting to get in/be enrolled into our program. This is not a registration fee or enrollment fee, it is the fee for the first month enrollment.

Invoices for the first month (September) will be sent out on July 1st, and are due July 30th to secure your child's space.

Parent Name: _____

Child's Name: _____

Parent Phone Number: _____

Parent Email: _____

Parent Mailing Address: _____

Parent Street Address: _____