

DATE OF ENROLLMENT: _____

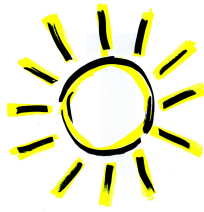


PHOTO
Preschool will add

SUNSHINE PRESCHOOL REGISTRATION FORM

CHILD'S NAME

First Name

Middle Name

Last Name

BIRTHDATE

DAY

MONTH

YEAR

MALE

FEMALE

HOME ADDRESS (with postal code)

PHONE #

EMAIL ADDRESS

MOTHER'S NAME

ADDRESS (if different from above)

PHONE #

OCCUPATION/WORKPLACE

PHONE #

FATHER'S NAME

EMAIL ADDRESS

ADDRESS (if different from above)

PHONE #

OCCUPATION/WORKPLACE

PHONE #

DOCTOR'S NAME

PHONE #

MEDICAL CARE CARD #

ALTERNATE EMERGENCY CONTACTS

NAME

ADDRESS

PHONE #

NAME

ADDRESS

PHONE #

PERSON (S) AUTHORIZED TO PICK UP CHILD (Name, phone # and relationship)

1. _____
2. _____

SIBLINGS (Name and Birth dates)

_____	_____
_____	_____
_____	_____

PREVIOUS EXPERIENCE AWAY FROM HOME

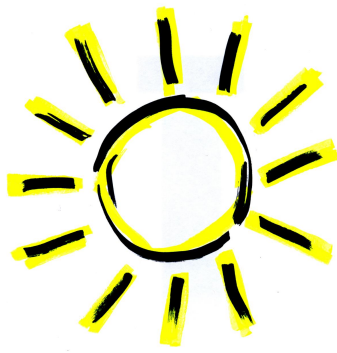
DESCRIBE CHILD'S TOILETING ROUTINE, WORDS USED, ASSISTANCE REQUIRED:

HAS YOUR CHILD HAD HEALTH PROBLEMS OR DEVELOPMENTAL CONCERNS THAT HAVE REQUIRED EXTRA SUPPORT? (ie: Vision, Hearing, Speech, Occupational or Behavioural Therapy – Supported Childcare Development)

DOES YOUR CHILD HAVE ANY FOOD SENSITIVITIES OR ALLERGIES?

THE PRESCHOOL CELEBRATES VALENTINES DAY, EASTER, MOTHER'S DAY, FATHER'S DAY, HALLOWEEN, THANKSGIVING AND CHRISTMAS. IF FOR RELIGIOUS, CULTURAL OR OTHER REASONS YOU PREFER FOR YOUR CHILD NOT TO PARTICIPATE, PLEASE INDICATE.

ANY ADDITIONAL INFORMATION THAT MAY HELP THE STAFF BETTER UNDERSTAND YOUR CHILD (All information will be held confidential)



IMPROMPTU WALKS AND OFFSITE FIELD TRIP PERMISSION FORM

At Sunshine Preschool we believe it is a priority to enhance our indoor learning with outdoor and offsite opportunities throughout the school year. This year these outings will primarily include walks on Brooksbank Elementary School's property. If there will be Offsite fieldtrips, parents will be notified in advance with exact details on the Monthly Newsletter provided at the beginning of every month. All health and safety precautions will be considered during all fieldtrips.

Sunshine Preschool Teachers will endeavour to ensure the safety of the children during these walks/fieldtrips by carrying the following at all times : Daily Attendance Sheets, First Aid Kit with Emergency Contact Cards, Cellphone, and Emergency Medications such as Epipens.

I, _____ give the staff at Sunshine Preschool permission to take my child, _____ on any field trips (Impromptu Walks or Offsite) during the school year. I understand that I will be notified by the monthly newsletter of the details surrounding the offsite field trips only. By signing this I agree to both offsite trips and onsite walks and if I do not agree to my child participating in an offsite fieldtrip, my child will not attend that day. I will provide and make arrangements, for transportation to and from offsite destinations.

Signature

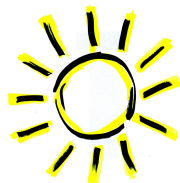
Date

PHOTO PERMISSION

THROUGHOUT THE YEAR, THE PRESCHOOL WILL BE TAKING AND DISPLAYING PICTURES OF YOUR CHILD. ON OCCASION, PRACTICUM STUDENTS MAY WISH TO TAKE PICTURES FOR PROJECTS. **PLEASE NOTIFY THE STAFF IF YOU DO NOT WANT YOUR CHILD PHOTOGRAPHED.** ALSO, IN THE PAST THE MEDIA HAS REQUESTED TO TAKE PHOTOS. ALL PARENTS WILL BE NOTIFIED BEFORE HAND.

Signature

Date



SUNSHINE PRESCHOOL

PROCEDURES FOR RELEASING CHILDREN

Your child will only be released from Sunshine Preschool under the following terms:

- To the parent(s) of the child
- A person who is authorized by the parent, as indicated on the registration form
- All authorized person(s) indicated, must show identification when picking up the child

If a parent does not arrive to pick up their child, the following procedures will occur:

- The staff will contact the parent/ guardian, emergency contact, and or persons authorized by the parent on the registration form
- If the child is not picked up and attempts have been made to contact the emergency contacts or authorized person(s), and no one is available, then the licensee will wait one hour before calling the Ministry for Children and Families who will provide emergency care.

If a parent is continually late picking up their child, they will be given a warning after the third time. If should occur again, the child will be asked to leave the centre.

If a person arrives to pick up a child and is not on the list of persons authorized by the parent/ guardian, the policy of the centre is:

- The child cannot be released until authorization is received from the parent/ guardian. A written note is not acceptable. The parent/ guardian may give authorization over the phone. This phone call will be documented in the preschool's journal. The next visit to the preschool, the parent must sign this entry.
- The identity of the person to whom the child is being released to, must be confirmed through identification such as a driver's licence.

Should a parent/ guardian or person authorized to pick up a child appear unable to provide safe care for the child, the preschool's policy is not to release the child. The following procedure will occur:

- The staff will inform the pick up person of the policy
- The staff will offer safe options, (contacting an alternate authorized pick up person or call a cab)
- If the parent/ guardian/ authorized person appears unable to provide safe care and insists on removing the child, the staff will advise them that they are obligated to contact the local law enforcement or appropriate agency.

I have read and understand these procedures:

Signature

Date



SUNSHINE PRESCHOOL

REGISTRATION POLICY

To register at Sunshine Preschool, the following payment is required:

- ✓ \$45.00 non-refundable registration fee
- ✓ First Month's fee paid at the time of registration

The fees are:

- ▶ \$265.00 – Three (3) year old class. Tuesdays and Thursday mornings.
- ▶ \$300.00 – Mix (3 and 4) class. Monday, Wednesday and Friday mornings.
- ▶ \$345.00 - Four (4) year old class. Monday – Thursday afternoons.

The registration fee and the September fee must be forwarded to us with your registration form in order to hold a space for your child. **The registration fee is non-refundable. After registration, if you decide to withdraw your child, your September's fee will be considered non-refundable unless the spot is filled prior to June 15th of the school year.**

FEE PAYMENT

On the first day of your child's class, please have nine post-dated cheques ready, made out to Sunshine Preschool. Remember to change the year on your cheques from January – June. There will be a \$25.00 NSF charge for any returned cheques.

You may pay your monthly fees by Etransfer, fees are due the first of the month and can be transferred to patti@sunshinepreschool.ca. If you choose this method of payment it is **your responsibility** to transfer the money on the first of the month, late payments will be charged a \$25.00 late fee.

Once school has commenced in September you are required to give one month's notice on the 1st of the month if you choose to withdraw your child.

I, _____ have read and understand both the above registration policy and the parent handbook (including the guidance and discipline policy).

Signature

Date

YOUR CHILD'S REGISTRATION IS NOT COMPLETE UNTIL THE PRESCHOOL HAS RECEIVED...

- ✓ EMERGENCY CONSENT CARD
- ✓ REGISTRATION FEE & FIRST MONTH'S FEE
- ✓ IMMUNIZATION RECORDS

Photo
Preschool will add

SUNSHINE PRESCHOOL



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: _____ CELL PHONE: _____ PHONE: _____

OUT OF TOWN CONTACT: _____ PHONE: _____

CHILD'S DOCTOR: _____ PHONE: _____

DATE OF MOST RECENT TETANUS SHOT: _____

ALLERGIES / MEDICATIONS: _____

CHILD'S DENTIST: _____ PHONE: _____

CARE CARD NUMBER _____

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

WITNESS

Immunization Information for Child Care

Section 57(2) (a) of the Child Care Licensing Regulation requires licensed child care programs to have a record of each child's immunization status.

The completion of this form meets the requirement to maintain a record of children's immunization status and will assist in identifying those that may require exclusion in the event of an outbreak of a communicable disease because they are not immunized.

To be completed by Parent/Guardian of:

Child's Name

Date of Birth

Complete Immunization:

- Record of vaccinations attached
- Record of vaccinations unavailable

Incomplete Immunization:

- My child has had some vaccinations
- My child has had no vaccinations
- I do not know

If available, please attach a photocopy of your child's vaccination record to this form.

For example: BC Child Health Passport OR immunization record either in English or any language. Ensure your child's name and date of birth are written on each page.

Parent/Guardian Printed Name

Date

Parent/Guardian Signature