

ROSS BAY PRESCHOOL



1620 Earle St.
Victoria, BC V8S 1N5
Phone: (250) 383-7445
Fax: (250) 590-7429

Preschool Registration Form

First Day of Attendance:

Day _____ Month _____ Year _____

Last Day of Attendance (for teachers use only):

Day _____ Month _____ Year _____

Program of Choice (Specify Days): _____

CHILD

Child's Full Name: _____

Called Name(s): _____

Address of child if different from parent(s):

Street address: _____ City: _____

Postal Code: _____ Phone: _____

Child's Date of Birth:

(day, month, year): _____ / _____ / _____ Sex : M F (circle one)

Siblings/Other Children Living at Home:

Name(s)	Date of Birth	
_____	____/____/____	Sex : M F (circle one)
_____	____/____/____	Sex : M F (circle one)

First Language: _____ Second Language: _____

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PARENT(S)/GUARDIAN(S)

1) Parent's Full Name: _____

Home Address:

Street address: _____ City: _____

Postal Code: _____ Phone: (H) _____ (C) _____

Place of Work:

Company / Employer name: _____

Street address: _____ City: _____

Postal Code: _____ Phone: _____ Work Hours: _____

E-mail: _____

2) Parent's Full Name: _____

Home Address:

Street address: _____ City: _____

Postal Code: _____ Phone: (H) _____ (C) _____

Place of Work:

Company / Employer name: _____

Street address: _____ City: _____

Postal Code: _____ Phone: _____ Work Hours: _____

E-mail: _____

AUTHORIZED PICK UP

Name of **each** person authorized to remove child from the preschool including parent(s)

<u>Full Name(s)</u>	<u>Phone</u>	<u>Relationship</u>
_____	_____ - _____	_____
_____	_____ - _____	_____
_____	_____ - _____	_____
_____	_____ - _____	_____
_____	_____ - _____	_____

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Persons who are willing to assume responsibility if a parent cannot be reached in the case of an emergency.

<u>Full Name(s)</u>	<u>Phone</u>	<u>Relationship</u>
_____	_____-_____	_____
_____	_____-_____	_____

Out of State Contact: (to be used as liaison between you and school if phones are down locally)

_____ - _____

NON AUTHORIZED PICK UP

Persons NOT permitted to access the child:

<u>Full Name(s)</u>	<u>Phone</u>	<u>Relationship</u>
_____	_____-_____	_____
_____	_____-_____	_____

Are there custody orders? YES NO
If yes, please attach documentation.

MEDICAL INFORMATION

Family Doctor:

Name/Office: _____

Street address: _____

City: _____ Postal Code: _____ Phone: _____

Family Dentist:

Name/Office: _____

Street address: _____

City: _____ Postal Code: _____ Phone: _____

Personal Health Number: _____

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IMMUNIZATIONS

BASIC SCHEDULE AND RECORD OF IMMUNIZATION AS SUBMITTED BY PARENT/GUARDIAN (ATTACH IMMUNIZATION RECORD - OR RECORD THE DATES)

First Visit – two months of age: YYYY / MM / DD	Fourth Visit – 12 months of age: YYYY / MM / DD
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Measles
<input type="checkbox"/> Pertussis	<input type="checkbox"/> Mumps
<input type="checkbox"/> Tetanus	<input type="checkbox"/> Rubella
<input type="checkbox"/> Polio	<input type="checkbox"/> Meningococcal C Conjugate
<input type="checkbox"/> Haemophilus Influenza Type b (hib)	<input type="checkbox"/> Varicella (chicken pox)
<input type="checkbox"/> Hepatitis B	
<input type="checkbox"/> Pneumococcal Conjugate	Fifth Visit – 12 months after third visit: YYYY / MM / DD
<input type="checkbox"/> Meningococcal C Conjugate	<input type="checkbox"/> Diphtheria
	<input type="checkbox"/> Pertussis
Second Visit – two months after first visit: YYYY / MM / DD	<input type="checkbox"/> Tetanus
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Polio
<input type="checkbox"/> Pertussis	<input type="checkbox"/> Haemophilus Influenza Type b (hib)
<input type="checkbox"/> Tetanus	<input type="checkbox"/> Measles, Mumps, Rubella
<input type="checkbox"/> Polio	<input type="checkbox"/> Pneumococcal Conjugate
<input type="checkbox"/> Haemophilus Influenza Type b (hib)	
<input type="checkbox"/> Hepatitis B	4 to 6 years of age: YYYY / MM / DD
<input type="checkbox"/> Pneumococcal Conjugate	<input type="checkbox"/> Diphtheria
	<input type="checkbox"/> Pertussis
Third Visit – two months after second visit: YYYY / MM / DD	<input type="checkbox"/> Tetanus
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Polio
<input type="checkbox"/> Pertussis	<input type="checkbox"/> Varicella (chicken pox)
<input type="checkbox"/> Tetanus	
<input type="checkbox"/> Polio	Other Immunizations:
<input type="checkbox"/> Haemophilus Influenza Type b (hib)	YYYY / MM / DD
<input type="checkbox"/> Hepatitis B	YYYY / MM / DD
<input type="checkbox"/> Pneumococcal Conjugate	YYYY / MM / DD

****My child has NOT been immunized (circle if your child has NOT be immunized)****

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CONSENT

As parent/guardian of: _____.

I hereby authorize the staff members of **Ross Bay Preschool Ltd.** to call a physician or an ambulance in the case of accident or illness if I cannot be immediately reached. I understand that in an event of an emergency, the preschool staff may have to acquire medical care prior to notifying me.

Date: _____

Print Name: _____

Signature: _____

Date: _____

Print Name: _____

Signature: _____

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RELEVANT INFORMATION

Please provide full details of any allergies/sensitivities to any food, drug, or substance.

Please describe any disabilities, illnesses, or previous accidents.

Please indicate if there are any medications, special diets, or treatments that your child requires.

Are there any special instructions or action plans given by a doctor or parent?

Is your child using the toilet?

Does your child prefer to use special words for toileting?

What is your child's previous experience with respect to preschool/child care?

Describe some of your child's interests, favorite activities, likes, and dislikes.

How is discipline/guidance addressed at home?

What do you hope your child will gain from his /her experience at ***Ross Bay Preschool Ltd.?***

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PERMISSION FORM: OUTINGS

Child _____ Date _____

I hereby give my permission for my child to go on outside expeditions with adequate adult supervision and adequate notice given to parents.

Signature of Parent or Guardian

PERMISSION FORM: PHOTOGRAPHS

Child _____ Date _____

I hereby give permission for photographs of my child to be taken and used in relation to **Ross Bay Preschool Ltd.** These may be posted on bulletin boards in our preschool, photo albums and in our year end DVD which goes home with each child at the end of each school year.

Signature of Parent or Guardian

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PARENT(S)/GUARDIAN(S)

I have read and undertake to comply with the **Ross Bay Preschool Ltd. Operating Information and Policies**. To the best of my knowledge the information supplied on the **Preschool Registration Form** is accurate.

Print Name: _____

Signature: _____

Date: _____

Print Name: _____

Signature: _____

Date: _____

MANAGER OF PRESCHOOL

As Manager, I undertake to ensure that the preschool staff members, as well as myself comply with the **Ross Bay Preschool Ltd. Operating Information and Policies**. Further, I have read the information on the **Preschool Registration Form** supplied by the Parent(s)/Guardian(s) and I will ensure that the preschool staff members have also read the said information.

Print Name: _____

Signature: _____

Date: _____

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