



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

REGISTRATION PACKAGE

This package includes everything you will need to register for a space at Ross Bay Preschool. Please note that we are only able to accept COMPLETE registration packages. Families without ALL required cheques, paperwork or signatures would not be registered.

Please ensure all boxes below are checked before returning registration package:

ITEM REQUIRED	✓
1) Registration Form completed with <u>all</u> signatures and info required	
2) 11 Post-Dated Cheques - September-July \$195.00 2 days per week \$245.00 3 days per week	
3) Photocopy of Child's Immunizations	
4) Current Photo of Child (on first day)	
5) Registration Fee of \$50.00 (cheque dated for current day or cash accepted)	
6) Emergency Card completed (last page of registration pkg.)	
7) Care Plan attached (if required)	
8) Copy of Custody Papers (if required)	

1) Registration Form

- All legal guardians/parents must read AND sign the Registration Form
- Fill out all registration forms fully and accurately

2) Post-Dated Cheques

- Provide **11 cheques** dated for the **1st** of each month commencing in September of each year and completing in July
- All cheques are made out to: **Ross Bay Preschool**
- Memo Line of each cheque: **Your Child's Name & Month**

3) Immunizations

- Provide a photocopy of your child's immunizations. If your child is not immunized, please make sure to circle this option on the Registration Form

4) Current Photo (required on first day of class)

- Childcare Licensing requires that we have a current photo of your child attached to the emergency card as we take these items on all out trips

5) Registration Fee

- A \$50.00 Registration Fee is required for each registration.
- This fee is non-refundable should you decide to withdraw
- Cash or cheque accepted (please write for current date)

6) Emergency Card

- An emergency card must be filled out for your child so we are able to take these on out trips with us. Please find this located on the last page of the registration pkg

7) Care Plan

- If your child has a special need (including severe allergies) or behavioral need you must attach a care plan (please speak with manager directly regarding this form)

8) Custody Papers

- If you are separated/divorced and have any special guardian arrangements, we require a current copy of all legal custody agreements referencing custody arrangements ONLY



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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)
_____	____ / ____ / ____	Sex: M F (circle one)

First Language: _____ Second Language: _____

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>
_____	_____ - _____	_____
_____	_____ - _____	_____
_____	_____ - _____	_____
_____	_____ - _____	_____
_____	_____ - _____	_____

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: _____

Personal Health Number (BC Care Card): _____

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

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? Is there any special words used?

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

How is discipline/guidance addressed at home?

Please tell us how you heard about Ross Bay Preschool?

CONSENT

As parent/guardian of: _____.

I 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: _____

PERMISSION FORM: OUTINGS

Child _____ Date _____

I 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 give permission for photographs of my child to be taken and used in relation to **Ross Bay Preschool Ltd.** (no names will ever be posted).

Signature of Parent or Guardian

MANAGER OF PRESCHOOL

As Manager, I agree to ensure that the preschool staff members, as well as myself comply with the **Ross Bay Preschool Ltd. Parent Handbook.** 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: _____

PARENT(S)/GUARDIAN(S)

This is an agreement between **Ross Bay Preschool Ltd.** and the undersigned parents/guardians for the duration of your child’s time with our preschool. By signing below, you have read and agree to comply with the **Ross Bay Preschool Ltd. Parent Handbook**. To the best of my knowledge the information supplied on the **Preschool Registration Form** is accurate.

- We agree to pick up our child on time from Preschool. A late fee will continue to be applied after the second tardiness.
- We agree to keep our child home if he/she is ill, and to notify the Preschool of any communicable disease or condition (chickenpox, lice, hand foot & mouth etc.).
- We agree to have all forms and documents completed and submitted before our child starts classes.
- We will make the educators aware of any changes in routine at home, which may affect our child’s behaviour.
- If we wish to withdraw our child from the Preschool, we agree to abide by the policies set out in the Parent Handbook.

Parent Name: _____

Signature: _____

Date: _____

Parent Name: _____

Signature: _____

Date: _____

Information supplied on this form is for the custody and control of the care facility collecting such information as required in the Child Care Licensing Regulation

EMERGENCY – PERMISSION CARD

Child's Name: _____ D.O.B. _____
Surname, First year/month/day

Address: _____

_____ Home phone: _____

Mother's Name: _____ Work phone: _____

Father's Name: _____ Work phone: _____

Emergency Contact: _____ Phone: _____

Date of Most Recent Tetanus Shot: _____

Child's Doctor: _____ Phone: _____

Medical Number: _____

Allergies/Medications: _____

Child's Dentist: _____ Phone: _____

PERMISSION FORM

1. It is our policy that we 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 take the child to the nearest emergency service.
2. Please sign the consent below so that we can take appropriate action on behalf of your child. Return the signed consent to the center immediately. We will take this consent with us to the emergency center.
3. I hereby give consent for my child, _____, when ill, to be taken to the nearest emergency center by the Care Facility Staff when I cannot be contacted.

_____ *Date*

_____ *Signature of Parent/Guardian*