



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 paperwork and 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) Emergency Card completed (last page of registration pkg.)	
3) Photocopy of Child's Immunizations	
4) Current Photo of Child (on first day)	
5) Registration Fee of \$50.00 (e-transfer or cash accepted)	
6) Monthly Fee E-transfer agreement signed \$205.00 – 2 days per week \$285.00 – 3 days per week \$410.00 – 4 days per week	
7) Care Plan attached (if required)	
8) Copy of Custody Papers (if required)	

### **1) Registration Form**

- One parent must read AND sign registration package
- Fill out all registration forms fully and accurately

### **2) 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 package

### **3) Immunizations**

- Provide a photocopy of your child's immunizations. If your child is not immunized, please make sure to mark 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 in the event of an emergency

### **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 e-transfer accepted

### **6) Monthly Fees**

- Monthly fees are paid on the 1<sup>st</sup> of each month via e-transfer to [rossbaypreschool@gmail.com](mailto:rossbaypreschool@gmail.com) or cash. If you are a Coast Capital member, you may transfer fees to 3825687
- Please ensure you sign the monthly fee agreement

### **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): \_\_\_\_\_

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)
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First Language: \_\_\_\_\_ Second Language: \_\_\_\_\_

**PARENT(S)/GUARDIAN(S)**

1) Parent's Full Name: \_\_\_\_\_

Street address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

Place of Work:

Company / Employer name: \_\_\_\_\_

E-mail: \_\_\_\_\_

2) Parent's Full Name: \_\_\_\_\_

Street address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

Place of Work:

Company / Employer name: \_\_\_\_\_

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

Person who is 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)

_____	_____ - _____	_____
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**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: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Personal Health Number (BC Care Card):** \_\_\_\_\_

**IMMUNIZATIONS**

- My child has been immunized and records are attached
- 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?

Please tell us how you heard about Ross Bay Preschool?

**MONTHLY FEES & WITHDRAWAL POLICY**

Monthly fees are due on the 1<sup>st</sup> of each month via e-transfer to [rossbaypreschool@gmail.com](mailto:rossbaypreschool@gmail.com) or cash (direct deposit is not yet available). If you are a Coast Capital Member, you can transfer money to account number 3825687.

By signing below, you agree to pay fees on the 1<sup>st</sup> of each month and that you have read and agree to comply with the following policy:

**Notice of Withdrawal**

Parents who are withdrawing their child from the preschool are required to give one (1) months written notice. Withdrawals are accepted on or before the 1<sup>st</sup> of each month. There is no reduction in fees or repayment due to early withdrawals. February 1<sup>st</sup> is the deadline for notification of withdrawal for the current school year (with last day being end of February). After this date, you are then committed for the remaining months of March-July’s fees (no exceptions). As we are closed for the month of August, July 1<sup>st</sup> is the deadline for notification of withdrawal for the month of September. After this date, families are responsible for September’s fees (no exceptions).

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**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 (school use only)**

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)**

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: \_\_\_\_\_

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
- 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: \_\_\_\_\_

*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*