



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

REGISTRATION PACKAGE

ITEM REQUIRED	✓
1) Registration Form completed with <u>all</u> signatures and info required	
2) Emergency Card & Authorized Pick-Up List	
3) Photocopy of Child's Immunizations	
4) Current Photo (brought on first day)	
5) Registration Fee of \$50.00 (once space offered via e-transfer)	
6) Agreement Form (signed)	
7) Care Plan attached (if required)	
8) Copy of Custody Papers (if required)	
9) Email address must be included for communication	

Please note that we are only able to accept COMPLETE registration packages. Families without ALL required paperwork and signatures will not be registered. Please ensure all applicable boxes below are checked off before submitting

1) Registration Form

- At least one parent must read AND sign registration package
- Fill out all registration forms fully and accurately
- A Doctor name and number must be included (if no family Doctor, a clinic, mid-wife, or health app Dr. you have used is acceptable)

2) Emergency Card & Authorized Pick-Up List

- Licensing requires that an emergency card and authorized pick-up list must be filled out for your child

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)

- A current photo of your child is required in the event of an emergency. This photo must be free of hats, glasses and printed in color by the parent

5) Registration Fee

- A \$50.00 Registration Fee is required for each registration
- Cash or e-transfer accepted (non-refundable should you decide to withdraw)

6) Monthly Fees

- Monthly fees are paid on the 1st of each month via e-transfer (or cash) to rossbaypreschool@gmail.com If you are a Coast Capital member, you may transfer fees to 3825687

7) Care Plan

- If your child has a support need (severe allergies, physical or behavioral etc.), you must attach a care plan. Please speak to a manager before submitting

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



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

REGISTRATION FORM

REGISTRATION (office to fill out)

Classes Enrolled: _____

First Day: (Year, Month, Day): _____ / _____ / _____

Last Day: (Year, Month, Day): _____ / _____ / _____

CHILD

Child's Full Name: _____

Called Name(s): _____

Child's Date of Birth:

(Year, Month, Day): _____ / _____ / _____

Sex: M F (circle one)

First Language: _____ Second Language: _____

PARENT/GUARDIAN

Full Name of Enrolling Parent/Guardian: _____

Street address: _____ Phone: _____

E-mail: _____ Employer: _____

Name of Second Parent/Guardian _____

Street address: _____ Phone: _____

E-mail: _____ Employer: _____

CUSTODY ARRANGEMENTS

Are there custody orders? YES NO

If yes, a copy of the custodial order must be attached to application

List any person not permitted access to the child:

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

MEDICAL INFORMATION

Family Doctor/Clinic (required): _____

Phone Number: _____

Personal Health Number (BC Care Card): _____

Immunizations:

- My child has been immunized and records are attached
- My child has not been immunized

RELEVANT INFORMATION

- Does your child have any health conditions or behaviour concerns that staff need to be aware of? Any medications, special diets, or treatments that your child requires. If yes, please list/explain:

- Does your child require an EPI Pen? If yes, an Anaphylaxis Emergency Form will be required. Please give details:

- Please describe any disabilities, delays, previous illnesses/accidents you feel we should be aware of? Are there any special instructions, care plans or action plans given by a doctor or parent?
- Is your child using the toilet? Are there any special words used?
- What is your child's previous experience to preschool/childcare, if any?
- Please tell us how you heard about Ross Bay Preschool?

AGREEMENT FORM

The agreement below is between *Ross Bay Preschool* and the undersigned parents/guardians for the duration of your child's time with our preschool. By checking each box and signing below, you are stating that you understand and agree to comply with all information provided in this document as well as our Parent Handbook. Please keep a signed copy for your records.

- I give permission for my child to go on field trips arranged by Ross Bay Preschool with appropriate supervision and notice given (not mandatory but a child would be unable to attend the day of field trip without signed permission)
- I give permission to have pictures taken of my child in the program setting for general record keeping and Ross Bay Preschool publicity purposes (not mandatory)
- I give my consent for a staff member to call a medical practitioner or ambulance for my child in the case of accident or illness, if I cannot immediately be reached
- I understand that by enrolling my child, I am responsible for the total cost of care. I agree to pay monthly fees on the 1st of each month via e-transfer to rossbaypreschool@gmail.com
- I understand that should I wish to withdraw my child in entirety or in part, I have read and agree to the *Withdrawal Policy* listed in the Parent Handbook
- I have read & accept all other policies and information as outlined in the Parent Handbook
- I agree that the information given in this form is complete and true, and that I am the legal guardian of this child

Child's Name: _____ Date: _____

Parent's Name: _____ Signature of Parent: _____

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 CARD

Child's Name: _____ Birthdate: _____
Surname/First Year/Month/Day

Address: _____ Gender: Male Female

Parent's Name: _____ Child lives with: _____

Cell Phone: _____ Work Phone: _____

Parent's Name: _____

Cell Phone: _____ Work Phone: _____

Child's Doctor: _____ Phone: _____

Care Card Number: _____

1. Allergies _____

2. Medications _____

SIGNATURE OF CONSENT

It is the policy of this center to notify a parent when a child is ill or needs medical attention. In the event we cannot contact you and we need to get immediate help for your child, we require signed consent to do so.

I give consent for my child, _____, to be taken to the nearest emergency medical center by Ross Bay Preschool staff or emergency personnel when a parent cannot be contacted.

Date

Signature of Parent



AUTHORIZED PICK-UP LIST

Child's Name _____

The people listed below have authorization to pick up our/my child from the program. I understand that our/my child will only be released to individuals listed below if I am unavailable. I also realize that they will be required to provide proper identification the first time picking up or until a teacher can confidently recognize them (please ensure your pick-ups know this policy). Licensing requires that we must have at least one emergency pick-up name different than the parents on file in case parents cannot be reached.

1. _____

Name/Relation to Child/Cell Phone Number

2. _____

Name/Relation to Child/Cell Phone Number

3. _____

Name/Relation to Child/Cell Phone Number

4. _____

Name/Relation to Child/Cell Phone Number

5. _____

Name/Relation to Child/Cell Phone Number

Date _____

Signature of Parent _____