

Staff Use Only

Start Date: _____

Received Date: _____

End Date: _____



REGISTRATION FORM

Class Choice (Please circle one) MWF AM TTH AM M-F AM

Full name of child: _____

Name child responds to (if different): _____

How did you hear about us? _____

Personal Information

Child's date of birth: _____ Gender: _____

Address: _____ Postal Code: _____

Parent or Guardian: _____ Parent or Guardian: _____

Address (if different from above): _____ Address (if different from above): _____

Home Phone: _____ Home Phone: _____

Cell: _____ Cell: _____

Email: _____ Email: _____

Occupation and Employer Name: _____ Occupation and Employer Name: _____

Work Address: _____ Work Address: _____

Work Phone: _____ Work Phone: _____

Hours at this location: _____ Hours at this location: _____

Emergency Health Information

Care Card number: _____

Family doctor/clinic: _____ Family dentist/clinic: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Child's Immunization Status

Is your child up to date on immunizations? YES NO

Comments: _____

Consent for Emergency Care

I authorize the staff at the childcare centre to call a medical practitioner or ambulance in the case of an accident or illness of my child(ren), if the parent cannot immediately be reached

Signature of parent: _____ Date: _____

Manager of Facility: _____

Person (s) Authorized to Pick Up Child (other than parent/guardian listed above)

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Is there any person(s) NOT authorized to pick up your child:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Is there a custody agreement in effect: YES NO

If yes, please provide a copy of the custody order to the facility manager/licensee.

Health Information (please attach a separate sheet, if necessary)

Regular medication and reason: _____

Allergies and necessary treatment: _____

Injuries, illnesses, or operations your child has had (please include dates): _____

Please describe any concerns/issues regarding your child's health (seizures, asthma, vision, hearing etc.): _____

Please describe any concerns you may have regarding your child's development (behaviour, vision, hearing, speech, language, mobility etc.): _____

Other health care professionals involved in your child's life (occupational therapist, physical therapist etc.): _____

Out-of-Home/Group Experience/Emotions and Transitions

Has your child had any previous play group experience? YES NO If yes, where _____

If yes, how did he/she adapt?: _____

How Does your child behave toward other children (seeks out friends, feels shy)? _____

What is/are your child's favourite toy(s)/activities? _____

How does your child react when left with unfamiliar people and/or in unfamiliar situations? _____

Does your child have any particular fears? Please describe: _____

What would help staff make your child's transition into this program easier? _____

Family and General Household Information

Other children living at home:

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

Other adults living at home:

Name: _____ Relationship: _____

Please describe the guidance and discipline methods used at home: _____

Primary language spoken at home: _____ Other languages: _____

Name of English-speaking person (if needed): _____ Phone: _____

Are there any religious or ethnic observances in your family? _____

Toileting

Is your child toilet-trained? YES NO

Please indicate your child's frequency or patterns for toileting: _____

Describe assistance needed for toileting: _____

Signature of Parent of Guardian Providing Information

Signature: _____ Date: _____

Print Name: _____

Note: this information may be reviewed by Fraser Health Authority licensing staff as per provincial legislation.



Enrollment Agreement

THIS AGREEMENT is made between Little Neighbours Preschool (the "Preschool") and each Parent/Guardian enrolling in the Preschool.

1. Enrollment

- a. Enrollment in the school shall be available to children aged 3, 4, or 5 by December 31st of the year of enrollment, and shall be initially on a six-week trial basis.
- b. The school year shall be from September to June inclusive.
- c. The classes run from 9:15am to 12:00pm.
- d. The school shall be closed:
 - i. During all public holidays
 - ii. In the event the Supervisor is ill, unless a suitable replacement is obtained
 - iii. In an emergency or under unusual circumstances at the discretion of the Board of Directors.
 - iv. The supervisor(s) will be absent the last Friday of every month. The Council of Parent Participation Preschools of BC recommends that the Supervisor(s) attend a monthly Teacher's Workshop. Therefore, the preschool is closed the last Friday of every month.
- e. At any time during the school year, the Board of Directors, upon the recommendation of the Supervisor, may require that a child be withdrawn from the school.
- f. If a family wishes to withdraw from the school, one month's notice in writing must be given to the Enrollment Officer, or payment of one month's fees in lieu of notice. If this withdrawal is after February 28th, June fees will also be forfeited.

2. Fees

- a. Tuition fees shall be payable monthly by post-dated cheques. These are to be given to the Treasurer at the Orientation Meeting in September.
- b. Parents who are more than one month past due in payment of tuition will be asked to remove their child from the preschool. NSF cheques are subject to a minimum \$10.00 charge and must be replaced with cash or a bank draft. Future fees may also be required in cash or bank draft.
- c. June fees are to be paid in September.
- d. At the Orientation Meeting, you must provide the Treasurer with one cheque covering September and June fees, and one cheque post-dated for the first of each month, commencing October through to May.
- f. Fees are averaged over 10 months attendance, therefore no reduction in fees shall be made for public holidays, or for days on which the school is closed due to illness or other unusual circumstances.
- g. Fundraising – each family will pay an additional \$25.00 per month in lieu of smaller fundraisers (ie. pies/cookies, chocolates, pizza etc.)

3. Parent Responsibilities

- a. Parents are expected to attend (3) meetings thru out the preschool year (September, January, and May).
- b. All parents are expected to hold a job within the preschool and to assist in the overall operation of the school.
- c. Parents will make their own arrangements for the transportation of their child to and from school. Children must be delivered to the classroom after their coats, boots, etc. have been left in the cubby. Children are not to be dropped off at the school doors. The Supervisor must be advised of any deviations to the daily transportation arrangements.
- d. Children should not be sent to school if there is any question of illness. Please call the school to inform the teacher of absence. Parents should notify the Supervisors immediately in the event of a communicable disease. If a child has vomited there is a 48 hour waiting period of no vomiting before the child can return to school.
- e. Parents should inform the Supervisors of any event or change of routine at home which may affect the child's behaviour.
- f. Any questions about the child's progress or the program of the school should be directed to the Supervisor; questions and suggestions about administration of the school should be directed to the Board of Directors, in writing, through the chairperson or presented to the General Meeting.
- g. Children will be asked to participate outside, each parent shall ensure that their child has appropriate clothing, etc. for these occasions: i.e., runners or rubber-soled outdoor shoes appropriate for playing on the playground equipment; bicycle helmet to wear while riding around on the bike path; boots, mitts, hats, jacket and preferably snow pants to play in the snow.
- h. Parents acknowledge that in the Preschool, the Supervisors has the overall responsibility for the program, teaching methods, discipline, and health and safety measures.
- i. Parents hereby authorize the Supervisors to call a person listed on the child's registration form as an authorized adult to pick up their child if the child appears ill and the parents cannot be reached. In the case of an emergency, the Supervisors will call the child's family doctor, or if he/she is not available, another qualified physician.
- j. For each field trip, parents must drive their own child to the location or make arrangements to have another parent drive their child. Please indicate who will be driving your child on the sign-up sheet posted at the school.
- k. In case of an injury to my child while in the care of the Preschool, I hereby waive all claims against the school in excess of public liability insurance carried by the Preschool.

The parties have read this Agreement and hereby understand and agree to it:

SIGNED BY:

SIGNED ON BEHALF OF LITTLE NEIGHBOURS PRESCHOOL

Name:

Name:

Position:



JOB POSITIONS

All parents of children with the preschool are required to volunteer for a position, which contributes to the operating of the preschool. Two types of positions are available:

1. **Executive**; Requires the parent to attend one additional monthly meeting besides the general meetings.
2. **Non-Executive**; These positions play an important role in the daily operation of the preschool and classroom.

Please indicate your preference for positions by placing a number or check mark beside a position you may be interested.

Executive:

- | | |
|-------------------------------|--------------------------|
| ----- President | ----- Class V.P. (M/W/F) |
| ----- Secretary | ----- Class V.P. (T/TH) |
| ----- Enrollment | ----- Treasurer |
| ----- Advertising Chairperson | |

Non-Executive:

- Parent Education Officer
- Photo CD'S / Camera
- Interior Maintenance
- Flyer Folding
- Yard Maintenance
- Laundry Parent
- Photocopy Parent (access to a photocopier)
- Toy Cleaning Parent
- Christmas Hamper
- ___ Clothing Drive
- ___ Grants Officer
- Recycling Parent

General Information

Location: 155 Finnigan St., Coquitlam, B.C. V3K 5H8 phone: 604-521-5158

Portable classroom on the grounds of Cape Horn Elementary School

(Corner of Kaptey Ave. and Finnigan St.)

Class Times: Monday, Wednesday, and Friday 9:15am to 12:00pm

Tuesday and Thursday 9:15am to 12:00pm

Fees: \$90.00 Registration fee (non-refundable)

2 days a week \$165.00 per month + Fundraising fee

3 days a week \$205.00 per month + fundraising fee

5 days a week \$315.00 per month + fundraising fee

Fundraising: \$25.00 per month for fundraising (\$250.00 per year)

We require a \$90.00 registration fee to hold your child's spot which is not refundable

First and last month's fees (September and June) are due at the Orientation Meeting in early September. Post-dated cheques are to be submitted at that time for the remaining months (October to May).

Responsibilities of all parents:

The Preschool is owned and operated by the parents; therefore, it is essential that all parents participate.

We are licensed by Community Care Licensing in Victoria; therefore, all parents who are members of our preschool and participating in the classroom must receive orientation and ongoing parent education for those assisting in the classroom.

General Meetings: Attendance at (3) General Meetings is **mandatory**. They are held the third Wednesday of the given month (September, January, May) of the school year at 7pm at the preschool. The meeting consists of 1-1/2 hours of parent education (usually a guest speaker speaking on a child-related or parenting topic), and the remaining time (approximately 1/2 hour) for school business. Please note, attendance for the entire duration of the meeting is required.

Jobs: Each family is asked to hold a job (executive or non-executive) to help in the daily running of the preschool.

Fundraising: This is a necessity as a non-profit society to help pay administration costs and keep fees to a minimum. Each family shall pay \$250.00 for the year.