



For OFFICE USE ONLY		
September		
October		
November		
December		
January		
February		
March		
April		
May		
June		

REGISTRATION 2011-2012

DATE: _____

PLEASE RETURN THIS PACKAGE WITH PAYMENT TO THE COMMUNITY ARTS COUNCIL OF PRINCE GEORGE.

PROGRAM SESSION: PLEASE CHECK THE SESSION(S) YOU WANT

- 3-5 year olds
Monday, Wednesday, Friday 9:00am-11:30am \$150/month
- 3-5 year olds
Monday, Wednesday, Friday 12:00pm-2:30pm \$150/month
- 3-5 year olds
Tuesday, Thursday 9:00am-11:30am \$120/month

Child's name: _____

Name child responds to: _____ Language spoken at home: _____

Date of birth: _____ Age: _____ Gender: Male / Female

Address: _____ Phone number: _____

Parents or Guardians living in the home:

#1: _____ Relationship to child: _____

Home#: _____ Cell#: _____ Work#: _____

Place of employment: _____

Email address: _____

Is this person authorized to pick up the child? YES / NO

#2: _____ Relationship to child: _____

Home#: _____ Cell#: _____ Work#: _____

Place of employment: _____

Email address: _____

Is this person authorized to pick up the child? YES / NO

Parents or Guardians living outside the home:

#1: _____ Relationship to child: _____

Home#: _____ Cell#: _____ Work#: _____

Place of employment: _____

Email address: _____

Is this person authorized to pick up the child? YES / NO

#2: _____ Relationship to child: _____

Home#: _____ Cell#: _____ Work#: _____

Place of employment: _____

Email address: _____

Is this person authorized to pick up the child? YES / NO

****If there is a custody agreement, please provide details and attach a copy of the relevant documentation:** _____

Emergency Contacts:

Name: _____ Relationship to child: _____

Home#: _____ Cell#: _____ Work#: _____

Name: _____ Relationship to child: _____

Home#: _____ Cell#: _____ Work#: _____

Other persons authorized to pick up your child:

Name: _____ Relationship to child: _____

Home#: _____ Cell#: _____ Work#: _____

Name: _____ Relationship to child: _____

Home#: _____ Cell#: _____ Work#: _____

Names and Ages of siblings living in the home:

Name: _____ Age: _____ Gender: Male / Female

Name: _____ Age: _____ Gender: Male / Female

Name: _____ Age: _____ Gender: Male / Female

Name: _____ Age: _____ Gender: Male / Female

Names and Ages of siblings living outside the home:

Name: _____ Age: _____ Gender: Male / Female

Name: _____ Age: _____ Gender: Male / Female

Name: _____ Age: _____ Gender: Male / Female

Name: _____ Age: _____ Gender: Male / Female

Has your child previously attended a daycare? _____

Has your child previously attended a preschool? _____

Do you think your child will be comfortable leaving his/her parents? _____

Words your child uses for toileting? _____

Are there any past or present medical, physical or emotional issues that we should be aware of for the betterment of your child's care? _____

Circle and comment on the following health areas and provide any additional special instructions:

Vision: YES / NO

Allergies: YES / NO

Medications: YES / NO

Hearing: YES / NO

Speech/language: YES / NO

Other: _____

Does your child have any dietary issues that we should be aware of ? _____

HAS YOUR CHILD RECEIVED THE FOLLOWING IMMUNIZATIONS?

Indicate by circling X

Basic Immunization Schedule					
	2mo	4mo	6mo	12mo	18mo
Diphtheria	X	X	X		X
Pertussis	X	X	X		X
Tetanus	X	X	X		X
Poliomielitus	X	X			X
Measles				X	
Mumps				X	
Rubella				X	
Haemophilus Influenza Type B	X	X	X		X
DPT Booster given in Kindergarten					

EMERGENCY RELEASE AUTHORIZATION

Care card number: _____

In case of illness or injury of my child _____, and I cannot be reached by phone, I authorize the staff at Preschool of the Arts to have my child taken

to: _____.

Doctor: _____ Phone: _____

Address: _____

Dentist: _____ Phone: _____

Address: _____

Should the above not be available, or the staff at Preschool of the Arts feel this is an emergency, I agree that they call upon the local hospital or ambulance. All costs incurred are the responsibility of the parent/guardian.

Parent/Guardian Printed Name

Preschool Staff Printed Name

Parent/Guardian Signature

Preschool Staff Signature

Date: _____



As a licenced group child care provider in the provincial child care operating funding program, the Preschool of the Arts must create and maintain registration, enrollment and attendance records. For auditing purposes we must permit the province at any time during office hours to review any or all of these records (including the contact information of parents and children enrolled in our facility) and to contact parents of children enrolled at our facility.

It is our responsibility to obtain informed consent of parents to allow for information collected to be used for this purpose. The province does not have control of these records for the purposes of the Freedom of Information and Protection of Privacy Act.

Please sign the form below for our records.

I give permission for my contact information as outlined above to be made available for review by the Province of British Columbia.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date



PARENT AGREEMENT

This agreement states the terms of parent/guardian responsibilities necessary for Preschool of the Arts to provide this service. Conditions may change for time to time. As a parent or guardian at the Preschool of the Arts, I accept, understand, and agree to the following terms of enrolment and continued enrolment:

PLEASE INITIAL THE BOTTOM OF EACH PAGE UPON READING THE TERMS AND CONDITIONS OF THE AGREEMENT.

FEES

- \$20.00 non-refundable registration fee due at time of registration.
- First and last month's fees paid in full upon registration.
- Fees and remaining payments may be made by post-dated cheques, Visa, MasterCard or AMX; to be charged to the account the 1st of each month. Receipts will be issued for income tax purposes in December and June.
- There is no reduction in the monthly fee for vacation time, spring break, or Christmas.
- \$25.00 will be charged for any N.S.F. cheques.
- In order to reserve your child's space, full fees must be paid for any period of time in which your child is away from the center, such as vacation, sickness or other absence.
- Failure to pay fees by the 15th of the month will result in a notice of cancellation of your child's space.
- Late Pick-up Policy
 - 1st Late Pick-up: No charge A verbal reminder by the staff of the hours of operation.
 - 2nd Late Pick-up: No charge A written reminder will be issued.
 - 3rd Late Pick-up: \$1:00 per minute late Invoiced will be issued.
 - 4th Late Pick-up: \$3:00 per minute late Invoiced will be issued.

Parent/Guardian Initials _____X _____X

5th Late Pick-up: \$5:00 per minute late Invoiced will be issued.
6th Late Pick-up: A \$15:00 surcharge will be added per month for the remainder of the school year and the late policy to be reset.

MEDICAL

- Any food allergies have been made known to the staff.
- We authorize the staff to take any action necessary in the event of an emergency. Any costs incurred will be the responsibility of the parent/guardian.
- In case of injury to my child while in the care of the Preschool of the Arts, I hereby waive all claims against the program.

NEIGHBOURHOOD WALKS

- I give permission for my child _____ to participate in spontaneous local walks with the staff and volunteers of Preschool of the Arts.
- I give permission for my child _____ to participate in field trips with the staff and volunteers of Preschool of the Arts.

PHOTO PERMISSION

- I give permission for my child _____ to be photographed or video recorded by the preschool, media, or ECE students.
- I understand that these photos may be used for publicity, displays, or use with the children.

PLAYGROUND

- I give permission for my child _____ to participate in outdoor play at the Studio 2880 Arts Complex and Freeman Park. I understand this includes the playgrounds as well as the surrounding areas.

WITHDRAWAL

- I understand that I need to formally withdraw my child at the registration office one calendar month in advance. Fees will be charged until such a time.
- I understand that fees are applied on a monthly basis, therefore I needed to provide one month's notice of withdrawal. Last month's fees will be applied.
- If my child attends one or more days during that month I will be charged for the entire month.

AND FINALLY...

- We agree to keep each other informed if there are any disruptions in the child's normal routine.

Parent/Guardian Initials _____ X _____ X

- We realize that communication and cooperation are essential to a happy, enriching preschool experience.
- We have viewed the facility, met with the staff and have discussed the type of program offered and agree that it is a safe and healthy environment for the care and well being of my child.
- I fully understand all of the Community Arts Council's Preschool of the Arts policies and procedures.

Parent/Guardian Printed Name

Preschool Staff Printed Name

Date

Parent/Guardian Signature

Preschool Staff Signature

Parent/Guardian Printed Name

Parent/Guardian Signature