

Sicamous Preschool Registration

| Child's Name: | lame:Birthdate: | | | |
|---------------------------------|------------------|----------|---------|--------|
| Nickname: | Age: | Yrs: | Mths: | Sex: |
| Enrollment Date: | Withdrawal Date: | | | |
| Mailing Address: | Street Address | | | |
| E-mail Address: | | | | ·····- |
| Mother's Name: | Home#: | Cell# | : | Work# |
| Father's Name: | Home#: | Cell‡ | #: | Work#: |
| Parent's Occupation: | | | | |
| Languages spoken at home: _ | | | | |
| Person to call in case of accid | • • | | | |
| Persons authorized to pick up | | | | |
| Name: | | | | |
| Name: Name: | | | | |
| Family Physician: | | | Phone#_ | |
| Care Card Personal Health Nu | ımber: | | | |
| Child Immunization: Yes | No Rube | lla: Yes | No | _ |
| Health: (General) | Allergies | | | |
| | | | | |

Any Allergy/Reactions/Treatments: ______

| Illness or Medical Tr | reatments: |
|------------------------|-------------------------------------|
| Is there anyone not | permitted to pick up your child? |
| Family: Adults at hor | me: |
| Siblings: | Names & Ages: |
| | Pets: 12 |
| Child's previous expe | erience in a playgroup: |
| Child's special likes: | |
| | our child will gain from Preschool? |
| | |

If there is a custody agreement, please give details. A copy of the custody order must be left with the preschool staff.

Would you like some information about Preschool Subsidy for Fees? Yes___ No____

| Signature | Date |
|-----------|------|
| 9 | |

Sicamous Preschool Parent Agreement

I will not send my child to school if there is any question of illness, nor will I come myself if I am ill. If my child contacts a communicable disease, I will notify the teacher or president immediately. I will follow current health guidelines for COVID.

I will make every effort to be prompt in bringing my child to school and in picking him/her up after school.

I give my permission for my child to go on walking outings or field trips, or other field trips and I accept all responsibility, I will notify teacher if I do not want my child to go on an outing.

I authorize my child to be seen by the Public Health Personnel on their routine visits, in the case of an emergency I authorize the teacher or Parent Helper to call a qualified physician or Ambulance and I give consent to release my child to emergency care provider, and I am aware that the cost of an Ambulance is my responsibility.

I will keep the teacher informed of any event of change of routine at home, which may affect my child's behavior.

I authorize my child to be in-group or individual photos or Videos in the classroom, on the playground, or on field trips, and Preschool Facebook page.

I agree to give the executive one month's notice before withdrawing my child from Preschool. No fee's will be reimbursed prior to the one month's notice. Any fees paid above the one month's notice will be fully refunded.

A \$50.00 Non-Refundable Registration fee is due for each child by June 30th before your child starts in September.

The Preschool fees are calculated for the school year Sept-May then divided into the 9-month school calendar to create equal monthly payments, or you can pay full year upfront. Preschool Fees are due the 1st of each month. Full first month fees and Registration fee are due before your child starts in September

I agree to participate in minimum one fundraising event, to help with the costs of running the Preschool. If I choose not to do this, I will pay a \$50.00 fundraising fee.

If I have any questions about my child's progress or the program of the Preschool, I will direct them to the teacher. I will direct queries or suggestions about administration of the preschool to the Preschool executive.

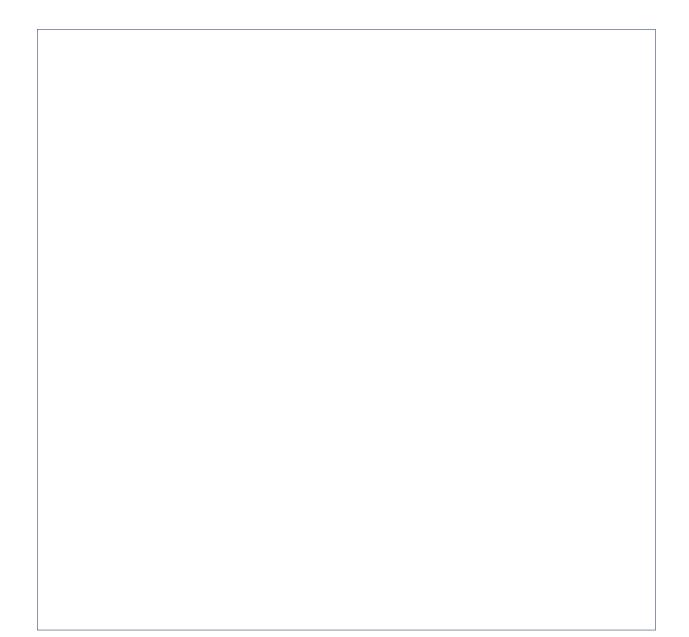
Child's Name:

| Parent's Signature | | Date: | |
|--------------------|--|-------|--|
|--------------------|--|-------|--|

Sicamous Preschool Child Identification

| Child's Name: | Child's Birthdate: |
|-------------------------------|----------------------|
| Child's Eye Colour: | Child's Hair Colour: |
| Child's Skin Colour/Ethnicity | |
| Parent's Name: | Parent Signature: |
| | |

Attach a photo of child below:



EMERGENCY RECORD

| Child's Name: | |
|--------------------|----------------|
| Child's Birthdate: | Gender |
| Address: | |
| City/Town: | Postal Code: |
| Health Care #: | |
| Parent(s): | |
| Home #: | Work/School #: |
| Emergency Contact: | |
| Home #: | Work/School #: |
| Physician: | Office #: |
| Address: | |
| Allergies: | |
| Health Problems: | |

In case of accident, injury or illness, I authorize **Sicamous Preschool** to contact a physician and/or ambulance and to seek medical attention for my child. I also consent for my child to be transported by ambulance or in a staff vehicle to obtain medical attention.

Parent Signature:

Date Signed: