



Sicamous Preschool Registration

Child's Name: _____ 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 accident (other than parents listed above)

_____ Phone# _____

Persons authorized to pick up child from facility (other than parent/guardian)

Name: _____ Relationship to child _____ Phone # _____

Name: _____ Relationship to child _____ Phone # _____

Name: _____ Relationship to child _____ Phone # _____

Family Physician: _____ Phone# _____

Care Card Personal Health Number: _____

Child Immunization: Yes _____ No _____ Rubella: Yes _____ No _____

Health: (General) _____ Allergies _____

- Any Allergy/Reactions/Treatments: _____

Illness or Medical Treatments: _____

Is there anyone not permitted to pick up your child? _____

Family: Adults at home: _____

Siblings: _____ Names & Ages: _____

Pets: 1. _____ 2. _____

Child's previous experience in a playgroup: _____

Child's special likes: _____

What do you hope your 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_____

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: _____