

# Registration Form



## Creative Beginnings Preschool

1440 Hugh Allan Drive, Kamloops, BC V1S 1L8 Ph.(250) 377-8700 Cel: (250) 319-8586

**School Term: 2019/2020**

**Class Preference Order (Please #):**

M/W/F AM \_\_\_\_\_ T/TH AM \_\_\_\_\_

Child's Last Name: \_\_\_\_\_ Child's First Name: \_\_\_\_\_

Name Child responds to: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Main Cel: \_\_\_\_\_

Address: \_\_\_\_\_

Nationality: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Name of Mother or Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address if different from child's: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cel: \_\_\_\_\_

Name of Father or Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address if different from child's: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cel: \_\_\_\_\_

List siblings and their ages: \_\_\_\_\_

Family email address: \_\_\_\_\_

### PERSONS AUTHORIZED TO PICK UP/EMERGENCY CONTACTS

Include the names of all persons authorized to pick up child including parents names:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cel: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cel: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cel: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cel: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cel: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cel: \_\_\_\_\_

Registration fee paid: \_\_\_\_\_  
Cash: \_\_\_\_\_ or Cheque: \_\_\_\_\_

## EMERGENCY HEALTH INFORMATION

Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

If no Family Doctor is there a main clinic you use?: \_\_\_\_\_

Child's Medical Number: \_\_\_\_\_

Is your child's immunization up to date?  Yes  No

Please list any known health problems:  Aids  Allergies  Asthma  Epilepsy  Hearing  Speech or Language  
 Vision  Other Explain: \_\_\_\_\_

Is your child subject to: (If yes, explain)

Ear/Throat Infections: \_\_\_\_\_

Urinary Tract Infections: \_\_\_\_\_

Bleeding Nose: \_\_\_\_\_

Stomachaches: \_\_\_\_\_

Fevers: \_\_\_\_\_

Does the child take any special medications? \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Other Specialists: \_\_\_\_\_ Phone: \_\_\_\_\_

Are there any concerns regarding food that the staff should be aware of (i.e., special diet due to health, religion, ethnicity, etc.)? If so, please describe:

\_\_\_\_\_

Has your child had any major accidents, illnesses, or operations? If so, please describe and give dates:

\_\_\_\_\_

---

### General Information

If there is a custody agreement in effect, please give details as they relate to the child in care and **attach a copy** to this form: \_\_\_\_\_

Is there anyone that you are specifically aware of that should not have access to your child (please provide full name and what you would like us to do in the event they show up here): \_\_\_\_\_

\_\_\_\_\_

Is your child toilet trained? \_\_\_\_\_ Describe assistance needed and words used: \_\_\_\_\_

\_\_\_\_\_

What time does your child go to bed at night? \_\_\_\_\_ Wake up? \_\_\_\_\_ Does your child have any special fears?

\_\_\_\_\_

Do you have any concerns about any aspect of your child's development? \_\_\_\_\_

\_\_\_\_\_

Is any language other than English used in the home? \_\_\_\_\_

Are there any special physical or emotional needs that the staff should be aware of? \_\_\_\_\_

\_\_\_\_\_

How much television does your child generally watch each day? \_\_\_\_\_

What are your child's favourite activities? \_\_\_\_\_

Does your child play well alone? \_\_\_\_\_ In groups? \_\_\_\_\_

If so, how old are the children your child usually plays with? \_\_\_\_\_

Does your child accept correction easily? \_\_\_\_\_ What is the method of behaviour control used in your home?

Please describe your child's personality/behaviours: \_\_\_\_\_

Has your child had group play experience? \_\_\_\_\_ Describe their experience: \_\_\_\_\_

Has your child been cared for by someone besides family? \_\_\_\_\_ Describe their experience: \_\_\_\_\_

Has your child gone to preschool or daycare before? \_\_\_\_\_ Describe their experience: \_\_\_\_\_

What do you hope will be included in your child's preschool program? \_\_\_\_\_

What is your child's reaction to separation? \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

---

### Class List Consent Form

I, \_\_\_\_\_ hereby authorize, Creative Beginnings Preschool to release the following information for the purpose of creating a class list for parents use to arrange play dates and handout invitations for special occasions and holidays. I understand that last names and addresses will not be given out under any circumstances.

Child's First Name: \_\_\_\_\_

Mother's First Name: \_\_\_\_\_ Father's First Name: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

# Creative Beginnings Preschool

1440 Hugh Allan Drive, Kamloops, BC V1S 1L8 Ph.(250) 377-8700 Cel: (250) 319-8586

## Payments

We offer a choice of 4 classes for parents to choose from at Creative Beginnings Preschool. Our program runs from the beginning of September until the end of June and we are closed during the Christmas holidays, Spring Break, Statutory Holidays and School In-Service Days. Other scheduled closure days to balance out the number of classes per session will be posted in the Calendar at the beginning of the year as well. Please note that our rates are based on a daily rate and multiplied by the number of classes provided in a year and then divided by the number of months – thus you are not paying for these scheduled closures and the only closure you would be paying for would be unexpected or change in schedule closures that came about after the school year had started. However, this is quite uncommon. Payments are to be made out for the first of each month in the form of post-dated cheques. Payments are as follows:

### Morning Classes:

Monday, Wednesday, Friday Classes 8:45-11:15am	\$225.00/month
Tuesday, Thursday Classes 8:45-11:15am	\$175.00/month

**There is also \$50.00 non-refundable registration fee per registered class per year.  
Due upon registration.**

I, \_\_\_\_\_ will adhere to ensuring that I have given post dated cheques (unless other arrangements are made) for the appropriate space I am booking for my child, \_\_\_\_\_ to attend Preschool. In the event that the registration needs to be terminated by either party, I understand that I, or the preschool will need to give one “full” months notice (meaning before the first of the following month and that month would then satisfy your full month’s notice). I understand that if I give notice on or after the first of the month, that I will be responsible for two months payments. I am also aware that if my child has not started the school year for which this registration contract is for, then I need to give notice before **August 1/2019** to avoid any additional monthly fees, otherwise I will be charged as stated above. The preschool reserves the right to terminate the contract immediately should there be grounds for dismissal at the preschools discretion. The registration fee is non-refundable. In the event that the preschool cannot provide service for more than two consecutive weeks due to an extreme nature (ie. gas, water, sewer or hydro problems, flood, relocation, etc.) at the owner’s discretion, classes will either be refunded or rescheduled. This does not include Christmas Break, Spring Break, Sick Days, Inservice Days or Statutory Holidays.

I understand that there is a charge of \$30.00 in the event of an NSF cheque and it will need to be paid in cash along with the monthly fee immediately. I also understand I will be charged my regular monthly fee and \$20.00 per day for any payment made after the 1<sup>st</sup> of the month in which the payment is due.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Creative Beginnings Preschool

1440 Hugh Allan Drive, Kamloops, BC V1S 1L8 Ph.(250) 377-8700 Cel: (250) 319-8586

---

This waiver is in effect from \_\_\_\_\_ to \_\_\_\_\_

## **CONSENT TO PHOTOGRAPH FORM**

There will be times when the Creative Beginnings Preschool will want to take photographs of my child. I \_\_\_\_\_ hereby give my consent for the Creative Beginnings Preschool to take photographs of my child \_\_\_\_\_. These photographs may be used for display purposes within the facility, craft projects, newspaper or for advertising. Last names will not be used to correspond with photographs. I understand that pictures at special events and field trips may be taken without notice.

If you have any concerns or do not wish your child to have their photograph taken please inform the teacher.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

## **POLICY AND PROCEDURE AGREEMENT**

I have read and understand the Creative Beginnings Preschool's Policies and Procedures. I am in agreement and understand the Guidance, Health, Evacuation and Emergency Policies and General responsibilities of the staff and also, myself the parent/guardian.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date