

Elkford Preschool Registration Form

750 Fording Drive – Box 742

Elkford, B.C. V0B 1H0

250-433-1863

School Year _____ to _____ (for staff use only)

Child's Information

Surname: _____ Given name: _____

Middle name: _____ Sex: ___ M ___ F

Birth date (M/D/Y) _____

Street Address and Box Number: _____

City: _____ Province: _____

Postal Code: _____

Phone Number: _____ Email address: _____

First language: _____ Second language: _____

Parent/Guardian Information

___ Mother ___ Father ___ Guardian

Name: _____

Address: _____

Phone: Home: _____ Cell: _____

Place of work: _____ Shift: _____

Phone: _____

___ Mother ___ Father ___ Guardian

Name: _____

Address: _____

Phone: Home: _____ Cell: _____

Place of work: _____ Shift: _____

Phone: _____

Alternate/Emergency Contacts – local preferred

Name: _____

Relationship to child: _____

Phone: Home: _____ Cell: _____

Address: _____

Name: _____

Relationship to child: _____

Phone: Home: _____ Cell: _____

Address: _____

Persons Authorized to pick up child – **including parents**

Name: _____

Relationship: _____ Phone: _____

Name: _____

Relationship: _____ Phone: _____

Name: _____

Relationship: _____ Phone: _____

Name: _____

Relationship: _____ Phone: _____

Custody Agreement Details if applicable – we cannot enforce custody guidelines without written direction

People NOT permitted to pick up/access your child

Other children living at home

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Past school and/or childcare history

Has your child previously attended preschool/daycare: _____

What facility? _____

Does your child feel comfortable leaving parent/guardian? _____

Has your child demonstrated a dominate hand with cutting/coloring?

Left: ____ Right: ____

Does your child have any fears we should be aware of (i.e. loud noises, dogs, firemen...) that may arise during our programming: Y / N? (if yes, please specify)

Words child uses for toileting: _____

Illness(es) child has had: _____

Does the child:

Have vision problems? Y / N? (if yes, please specify) _____

Take medications? Y / N? (if yes, please specify) _____

Have speech/language problems? Y / N? (if yes, please specify) _____

Have other health concerns? Y / N? (if yes, please specify) _____

Food sensitivities? Y / N? (if yes, please specify) _____

Require special diet? Y / N? (if yes, please specify) _____

Have allergies? Y / N? (if yes, please specify what allergies child has and any medical information/documents pertaining to allergy(s) _____

Have hearing problems? Y / N? (if yes, please specify) _____

Have food dislikes? Y / N? (if yes, please specify) _____

Immunizations – please attach a photocopy of immunization record

Are immunizations up to date: Y / N

Emergency Health Information

Doctor: _____ Address: _____

Phone number: _____

Dentist: _____ Address: _____

Phone number: _____

Other: _____ Address: _____

Phone number: _____

Health care number: please attach a copy of the care card

It is the policy of the Preschool to notify a parent when a child is ill or needs medical attention. Occasionally we cannot contact parents and we need to get immediate help for the child. Our procedure is to arrange transport for the child to the nearest emergency service.

Please sign below so that we can take appropriate action on behalf of your child.

- I hereby give permission for my child, _____, when in need of medical attention, to be taken to the nearest emergency centre by the staff of Elkford Preschool when I cannot be contacted.
- I consent to an ambulance being called to transport my child if necessary.
- I hereby give consent to Elkford Preschool staff to render first aid until such time as a medical professional becomes available.

I hereby understand and authorize:

1. Elkford Preschool staff to assist my child with their toileting needs.
2. My child to participate in field trips, walks and educational excursions included in the preschool curriculum. My child may be taking on outings on foot.
3. My child can use all toys, climbing apparatus, play equipment as well as take part in all activities of the preschool.
4. Photographs or video tapes taken in preschool may be used for non commercial purposes (i.e. wall displays).
5. I agree to keep current contact numbers and information including alternate emergency contact phone numbers. I will advise Elkford Preschool Program of any changes to registration information, including addresses, places of employment and phone numbers.
6. Elkford Preschool Program assumes no responsibility for damages resulting from false or misleading information given to the program staff at time of registration.
7. Elkford Preschool Program assumes no responsibility for personal property brought to preschool.
8. I will not send my child to school if there is any question of illness. If my child contracts anything communicable, I will notify the Elkford Preschool staff immediately.

9. I will keep the staff informed of any event or change of routine at home which might affect my child's behavior.
10. If I have any questions about my child's progress or the programs of the preschool, I will direct them to the staff.
11. For September entry, I will give nine postdated cheques payable to The Elkford Women's Task Force Society (EWTFSS) and they will be dated September 1 through May 1. 3 year old class fees are \$90, 4 year old fees are \$115
12. If it becomes necessary to withdraw my child from the Elkford Preschool, I will give one month's notice in writing to the Preschool staff.
13. I will provide copies of the following documents: my child's immunization records, and medical number (Care Card).

Parent/Guardian Name (please print): _____

Signature: _____

Date: _____

Release of Information

I hereby authorize the Elkford Women's Task Force Society to release information regarding my child's attendance records at the Elkford Preschool Program to the Child Care Branch – Ministry for Children and Family Development.

I also authorize the release of my name, my child's name and birth date and my contact information to the Ministry. I understand that the purpose of the release of information is to provide verification to the Ministry concerning my child's attendance at the Elkford Preschool.

I understand that this information will not be provided to any other party without my written consent and will only be provided to the Ministry upon their request.

Child's Name: _____

Parent's Signature: _____

Date: _____

Witness: _____

Program Name: Elkford Preschool Program

Location: Elkford Community Conference Centre – Preschool Room

In consideration of the participation of my child/ward _____
in the activities of the Elkford Preschool Program, I do hereby agree to hold free from
any and all liability the Elkford Women’s Task Force Society and it’s respective officers,
members, employees and waive, release and forever discharge any and all rights and
claims for damages which I may have or which may hereafter accrue to me arising out
of or connected with my child’s/ward’s participation in the activities of the Elkford
Women’s Task Force Society’s Elkford Preschool Program

Parent/Guardian Name (please print): _____

Signature: _____

Date: _____

Witness: _____

The information in the handbook is provided to you to protect and inform you. We require you to read and understand the information that has been provided for you. In doing so, you acknowledge that you understand and will abide by the policies instituted by the Elkford Preschool.

Parent/Guardian Name (please print): _____

Signature: _____

Date: _____