



“The Beehive” Christian Preschool

2012/2013

Child’s Full Name: _____ Name child responds to: _____

Birthdate (d/m/y): _____ Gender: _____ Place of Birth: _____

I/We are registering for the:

Monday/Wednesday AM _____

Tuesday/Thursday AM _____

Monday/Wednesday PM _____

Tuesday/Thursday PM _____

Starting Date: _____

Family Information

Mother/Guardian: _____ Phone _____ email _____
(First) (Last)

Address: _____
Street City Prov. Postal Code

Mother’s occupation: _____ Employer: _____

Work Phone: _____ Cell Phone _____

Father/Guardian: _____ Phone _____ email _____

Address: _____
Street City Prov. Postal Code

Father’s occupation: _____ Phone _____ email _____

Work Phone: _____ Cell Phone _____

Marital Status: ___ Married ___ Separated ___ Divorced ___ Widow(er) ___ Single

Student lives with ___ both parents ___ Father ___ Mother ___ Guardian

Is there a court order regarding the care/custody of the student? Yes ___ No ___
If yes, please attach a copy.

Name of Guardian (if applicable) _____

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Are there any special family circumstances the preschool should be aware of? _____

Primary language spoken in the home: _____

English speaking contact (name): _____

Emergency Health Information

Care Card Number: _____

Family Doctor/Clinic Name: _____ Address _____ Phone: _____

Family Dentist/Clinic Name: _____ Address _____ Phone: _____

Consent for Emergency Care

I authorize the staff at “The Beehive Christian Preschool” to call a medical practitioner or ambulance in the case of accident or illness of my child, if the parent cannot immediately be reached.

I understand that any of the expenses incurred by “The Beehive Christian Preschool” or its representatives will be the responsibility of the child’s family or guardian.

Signature of Parent/Guardian: _____ **Date:** _____

Person’s Authorized to Pick up Child (other than parent/guardian listed above)

Name: _____ Relationship: _____ Telephone: _____

Name: _____ Relationship: _____ Telephone: _____

Name: _____ Relationship: _____ Telephone: _____

Name: _____ Relationship: _____ Telephone: _____

Person’s not authorized to pick up your child

Name: _____ Relationship: _____ Telephone: _____

Name: _____ Relationship: _____ Telephone: _____

Alternate Person(s) to contact to pick up child in case of emergency

Name: _____ Relationship: _____ Telephone: _____

Name: _____ Relationship: _____ Telephone: _____

Name: _____ Relationship: _____ Telephone: _____

Name: _____ Relationship: _____ Telephone: _____

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Health Information

Has your child been immunized? Yes _____ No _____

Are all immunizations up to date? Yes _____ No _____

Regular medication(s) and reasons for (please list):

Allergies and treatment of – include food allergies (please list):

Significant injury(s), illness or operations your child has had (include dates):

Please describe any concerns/issues regarding your child’s health (examples: seizures, asthma, vision, and hearing):

Please describe any concerns you may have regarding your child’s development (examples: behaviour, vision, hearing, speech, language, mobility)

Please list other health care professionals involved in your child’s life (examples: speech/language therapy, occupational therapy or physical therapy):

Group Experience

Has your child had previous play group experience? Yes _____ No _____
If yes, how did he/she adapt?

What is/are your child’s favourite toy(s)/activities?

How does your child react toward other children? (Examples: feels shy, seeks others out)

Emotional

How does your child react when left with unfamiliar people and/or in unfamiliar situations?

Does your child have any particular fears? Please describe.

What suggestions do you have that would help staff make your child’s transition into this program easier?

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Eating and Nutrition

List your child’s favourite foods:

List any disliked foods:

Please describe any particular eating patterns:

Are there any religious or ethnic observances related to foods?

Sleeping Habits

Nap time, if any _____

Bedtime: _____ Time of waking _____

Toileting

Is your child toilet-trained? Yes _____ No _____ Partially _____

Describe assistance needed for toileting?

What ‘special’ word does your child use for?

Urination: _____ Bowel Movements: _____

Family Information

Please list the names of the significant people in your child’s life (examples: siblings, grandparents):

Please list all members living in your child’s home:

Please describe the guidance and discipline methods used at home:

Are there any key words or phrases your child frequently uses that will help staff better understand him/her?

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Please circle the words that best describe your child:

happy	energetic	sympathetic	impulsive	good natured	attentive
clumsy	aggressive	fun-loving	shy	even-tempered	quiet
fearful	dependent	friendly	inquisitive	sleepy	stubborn
moody	unhurried				

Other:

Additional Comments:

Privacy Policy

I, _____ as the legal guardian of _____
(child's name)

Understand and consent to the use of all information collected in accordance with “The Beehive Christian Preschool’s” privacy policy. I also understand that in the day to day operation of “The Beehive Christian Preschool” personal information may be removed from the facility.

Please consult “The Beehive Christian Preschool” privacy policy brochure regarding the collection, use, retention and disclosure of information collected.

Note: As per Provincial legislation, Community Care Facilities licensing officers have access to any assessments, reports, letters, or any other documentation in your child’s preschool/child care file.

Permission for Outings

I, _____ hereby give permission to the care provider(s) of “The Beehive Christian Preschool” to take my child _____ for outings within walking distance of the facility. I understand that my child will not be taken on outings requiring the use of a personal vehicle or public transit without my prior and specific written consent, except in cases of emergency.

Signature of Parent or Guardian: _____ Date: _____

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Permission for Picture Taking

I, _____ hereby give permission to the care provider(s) of “The Beehive Christian Preschool” to have pictures taken of my child _____ for use in:

General recording keeping

The Preschool Facility

The First Christian Reformed Church of New Westminster

Signature of Parent or Guardian: _____ Date: _____

Financial Agreement for Child Care

Preschool Fees

I/We consent to pay the preschool fees as outlined below:

_____ \$145 registration fee (includes first month’s fee), \$50 will be refunded if the preschool is notified by June 1, 2011 that you would like to withdraw for September 2011

_____ \$115 per month for two half days per week

_____ \$230 per month for four half days per week

_____ Fees paid by monthly post-dated cheques

_____ Special Event Fee \$25 to be collected with first month’s fees

I understand that June’s fees will be collected in September. I agree to give a minimum of two weeks notice until April 15, after April 15, June’s fee will not be returned.

Charge for a returned (NSF) cheque will be \$7.00.

This rate includes all government legislated statutory holidays and days the child does not come to the facility due to sickness, appointments, vacations, etc.

Fines for Late Pick Ups

After a five minutes “grace” period \$10 is charged for the first fifteen minutes or part thereof. After that the fee is \$1.00 per minute.

The licensee/manager and parents agree to the above terms as outlined.

Licensee/Managers’ Signature: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____

This agreement comes into effect on _____.