



“The Beehive” Christian Preschool
2014/2015

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

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

I/We are registering for:

Monday/Wednesday AM _____

Tuesday/Thursday AM _____

Monday/Wednesday PM _____

Tuesday/Thursday PM _____

Starting Date: _____

Church Affiliation, if any: _____

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** _____
(First) (Last)

Address: _____
Street City Prov. Postal Code

Father’s occupation: _____ **Employer:** _____

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 Parent/Guardian (please print): _____

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

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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: _____ Phone: _____

Family Dentist/Clinic Name: _____ Phone: _____

PERMISSION 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:** _____

Emergency Contact list of persons other than parent/guardian authorized to pick up your child:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Person’s not authorized to pick up your child:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name of Parent/Guardian (please print): _____

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

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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)

Name of Parent/Guardian (please print): _____

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

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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?

Eating and Nutrition

List your child’s favourite foods:

List any disliked foods:

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 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?

Name of Parent/Guardian (please print): _____

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

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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	anxious			

Other: _____

Additional Comments:

PRIVACY POLICY

I, _____ as the legal guardian of _____
(parent/guardian – please print) (name of child – please print)

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.

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

PERMISSION FOR OUTINGS

I, _____ as the legal guardian of _____
(parent/guardian – please print) (name of child – please print)

herby 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/Guardian: _____ **Date:** _____

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PERMISSION FOR PICTURE TAKING (including audio)

I expressly grant to “The Beehive” Christian Preschool the right and permission to use any photograph and/or video (including audio) recording of my child’s physical likeness or voice (collectively, the “images”) in informational and/or promotional materials including but not limited to newsletters, general record keeping, websites and brochures. I agree that the images may be combined with other images, text and graphics and that the images may be edited, including, but limited to cropping, altering, or modifying the image(s).

I agree that the images are owned by “The Beehive” Christian Preschool and that I have no right to the images.

“The Beehive” Christian Preschool warrants and represents that all use of the images will be without reference to the child’s full name.

I release “The Beehive” Christian Preschool and its Directors and Employees from any and all damages, claims, judgments based on the use of the images, including but not limited to, causes of action for libel, slander, misappropriate or invasions of the right to privacy.

By signing below, I acknowledge that I have read this document and understand and agree with its provisions. I hereby warrant and represent that I am the parent or guardian of

_____, a minor, and have full authority to authorize this
(name of child - please print)

Release and Waiver.

Name of Parent/Guardian (please print): _____

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

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FEE SCHEDULE FOR CHILD CARE(two half days per week)

Upon registration: \$150.00 (registration fee plus first month’s tuition)

NOTE: A refund of \$50.00 is available for notification of withdrawal is provided by June 1, 2015. The remainder of this fee is non-refundable.

First Day of School: \$150.00 (special event fee plus tuition for June)

Remainder of fees: (October – May) due on the first of each month payable by post-dated cheque of \$115.00

Note: In order to minimize any potential disruption in our services we collect the June fee early. If the June fee is not received prior to April 15 of the current school year the space will be offered to another child/family for the remaining 2.5 months of the school term.

I agree to provide a minimum withdrawal notice of two weeks. There is no refund of June fees for notice received after April 15 of the current school year.

This fee schedule includes all government legislated statutory holidays and days the child does not come to the facility due to sickness, appointments, vacations, etc. Charge for a returned (NSF) cheque is \$7.00.

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

Name of Parent/Guardian (please print): _____

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

Name of Manager (please print): _____

Signature of Manager: _____ **Date:** _____