

**COUNTRYSIDE PRESCHOOL**  
**REGISTRATION FORM**

**FACILITY**

NAME OF FACILITY \_\_\_\_\_

DATE OF ENROLLMENT YYYY / MM / DD

**CHILD**

NAME OF CHILD \_\_\_\_\_

SURNAME \_\_\_\_\_

GIVEN \_\_\_\_\_

MIDDLE NAME \_\_\_\_\_

NAME CHILD RESPONDS TO \_\_\_\_\_

GENDER: \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATE OF BIRTH YYYY / MM / DD FIRST DAY OF ATTENDANCE YYYY / MM / DD END DATE YYYY / MM / DD

**PARENT/GUARDIAN**

NAME \_\_\_\_\_

PLACE OF WORK \_\_\_\_\_

PHONE \_\_\_\_\_

LOCAL \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

HOURS OF WORK \_\_\_\_\_

POSTAL CODE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

NAME \_\_\_\_\_

PLACE OF WORK \_\_\_\_\_

PHONE \_\_\_\_\_

LOCAL \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

HOURS OF WORK \_\_\_\_\_

POSTAL CODE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

**MEDICAL INFORMATION**

FAMILY DOCTOR \_\_\_\_\_

PHONE \_\_\_\_\_

MEDICAL INSURANCE PLAN NUMBER \_\_\_\_\_

DATE EFFECTIVE YYYY / MM / DD

**ALTERNATE PERSON TO CALL/PICK-UP CHILD IN CASE OF EMERGENCY**

NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

PHONE \_\_\_\_\_

NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

PHONE \_\_\_\_\_

**PERSONS (OTHER THAN PARENT/GUARDIAN AND EMERGENCY CONTACTS) AUTHORIZED TO PICK UP CHILD FROM FACILITY**

NAME \_\_\_\_\_

PHONE \_\_\_\_\_

NAME \_\_\_\_\_

PHONE \_\_\_\_\_

NAME \_\_\_\_\_

PHONE \_\_\_\_\_

**PERSONS NOT PERMITTED ACCESS TO CHILD**

NAME \_\_\_\_\_

PHONE \_\_\_\_\_

NAME \_\_\_\_\_

PHONE \_\_\_\_\_

ARE THERE CUSTODY ORDERS? \_\_\_\_\_

YES

NO

IF YES, ATTACH DOCUMENTATION

**NAMES OF OTHER CHILDREN LIVING AT HOME**

NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

YYYY / MM / DD

NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

YYYY / MM / DD

**HAS CHILD HAD PREVIOUS EXPERIENCE AWAY FROM HOME? (DAY CARE, PRESCHOOL, SUNDAY SCHOOL, ETC.)**  YES  NO

IF YES, EXPLAIN: \_\_\_\_\_

WHERE? \_\_\_\_\_

DATES OF ATTENDANCE: \_\_\_\_\_

DO YOU THINK YOUR CHILD FEELS COMFORTABLE LEAVING PARENTS?  YES  NO

EXPLAIN: \_\_\_\_\_

**DOES THIS CHILD HAVE ANY KNOWN HEALTH PROBLEMS/MEDICAL DISABILITIES?**     YES     NO  
 IF YES, ATTACH DOCUMENTATION

**LIST ANY COMMUNICABLE DISEASES CHILD HAS HAD:** \_\_\_\_\_

**HAS HE/SHE HAD ANY RECENT ILLNESS?**     YES     NO    IF YES, EXPLAIN: \_\_\_\_\_

**ANY ALLERGIES?**     YES     NO    IF YES, PLEASE LIST: \_\_\_\_\_

**IF YES, ATTACH SPECIAL INSTRUCTIONS TO FOLLOW IN THE EVENT OF AN ALLERGIC REACTION**

WHAT IS THE CHILD'S EATING HABIT? \_\_\_\_\_

FAVORITE FOODS: \_\_\_\_\_

STRONG DISLIKES: \_\_\_\_\_

**BASIC SCHEDULE AND RECORD OF IMMUNIZATION AS SUBMITTED BY PARENT/GUARDIAN**

(ATTACH IMMUNIZATION RECORD - OR RECORD THE DATES)

First Visit – two months of age: YYYY / MM / DD	Fourth Visit – 12 months of age: YYYY / MM / DD
<input type="checkbox"/> <b>Diphtheria</b>	<input type="checkbox"/> <b>Measles</b>
<input type="checkbox"/> <b>Pertussis</b>	<input type="checkbox"/> <b>Mumps</b>
<input type="checkbox"/> <b>Tetanus</b>	<input type="checkbox"/> <b>Rubella</b>
<input type="checkbox"/> <b>Polio</b>	<input type="checkbox"/> <b>Meningococcal C Conjugate</b>
<input type="checkbox"/> <b>Haemophilus Influenza Type b (hib)</b>	<input type="checkbox"/> <b>Varicella (chicken pox)</b>
<input type="checkbox"/> <b>Hepatitis B</b>	
<input type="checkbox"/> <b>Pneumococcal Conjugate</b>	Fifth Visit – 12 months after third visit: YYYY / MM / DD
<input type="checkbox"/> <b>Meningococcal C Conjugate</b>	<input type="checkbox"/> <b>Diphtheria</b>
	<input type="checkbox"/> <b>Pertussis</b>
Second Visit – two months after first visit: YYYY / MM / DD	<input type="checkbox"/> <b>Tetanus</b>
<input type="checkbox"/> <b>Diphtheria</b>	<input type="checkbox"/> <b>Polio</b>
<input type="checkbox"/> <b>Pertussis</b>	<input type="checkbox"/> <b>Haemophilus Influenza Type b (hib)</b>
<input type="checkbox"/> <b>Tetanus</b>	<input type="checkbox"/> <b>Measles, Mumps, Rubella</b>
<input type="checkbox"/> <b>Polio</b>	<input type="checkbox"/> <b>Pneumococcal Conjugate</b>
<input type="checkbox"/> <b>Haemophilus Influenza Type b (hib)</b>	
<input type="checkbox"/> <b>Hepatitis B</b>	4 to 6 years of age: YYYY / MM / DD
<input type="checkbox"/> <b>Pneumococcal Conjugate</b>	<input type="checkbox"/> <b>Diphtheria</b>
	<input type="checkbox"/> <b>Pertussis</b>
Third Visit – two months after second visit: YYYY / MM / DD	<input type="checkbox"/> <b>Tetanus</b>
<input type="checkbox"/> <b>Diphtheria</b>	<input type="checkbox"/> <b>Polio</b>
<input type="checkbox"/> <b>Pertussis</b>	<input type="checkbox"/> <b>Varicella (chicken pox)</b>
<input type="checkbox"/> <b>Tetanus</b>	
<input type="checkbox"/> <b>Polio</b>	Other Immunizations:
<input type="checkbox"/> <b>Haemophilus Influenza Type b (hib)</b>	YYYY / MM / DD
<input type="checkbox"/> <b>Hepatitis B</b>	YYYY / MM / DD
<input type="checkbox"/> <b>Pneumococcal Conjugate</b>	YYYY / MM / DD

**BY MY SIGNATURE BELOW I ACKNOWLEDGE THE FOLLOWING:**

I HEREBY GIVE MY CONSENT FOR A STAFF MEMBER TO CALL A MEDICAL PRACTITIONER OR AMBULANCE FOR MY CHILD IN THE CASE OF ACCIDENT OR ILLNESS, IF I CANNOT IMMEDIATELY BE REACHED.

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

**CAREGIVER SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_



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A Parent Participation Preschool • Member of Vancouver Island Cooperative Preschool Association • Registered Charity #108079278  
7921 St. Stephen's Road, Saanichton, BC V8M 1S2 • 250.652.3424

### PHOTOGRAPH CONSENT FORM

From time to time, Countryside Preschool uses photographs taken of children attending classes, or takes photographs of children specifically for the purpose of promoting the preschool's activities.

These photographs may be used in the following ways:

- a) In displays within the preschool facility, and/or in electronic or printed newsletters or presentations that are distributed only to families currently enrolled at the preschool;
- b) In private social media sites, where access to content is distributed only to families currently enrolled at the preschool; and/or
- c) In Preschool or VICPA (Vancouver Island Cooperative Preschool Association) displays, promotional brochures, newsletters, posters, newspaper/magazine ads or articles, public social media sites, or on the preschool's web site.

This consent form is required where the child is identified by name, or can be identified due to the clarity of the picture.

The photographs will not be used for any purpose other than those described above.

I have read the above information and I do/DO NOT give my consent for photographs of my child to be used in the sections described above:

Section a):  I do give my consent /  I DO NOT give my consent

Section b):  I do give my consent /  I DO NOT give my consent

Section c):  I do give my consent /  I DO NOT give my consent

Name of Child (please print clearly): \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## PERMISSION FORM

1. It is the facility's policy to notify the parent when a child is ill or requires medical attention. If we are unable to contact the parent and the child needs immediate medical help, parental consent is necessary for facility staff to take appropriate action on behalf of the child. Your consent will accompany the child to the emergency service.
2. I hereby authorize the staff at \_\_\_\_\_ child care facility to call a medical practitioner or ambulance for my child, \_\_\_\_\_, in case of accident or illness if I cannot immediately be reached. If such an emergency should arise, I shall be notified as soon as possible. I agree that I shall be solely responsible for any cost incurred for such services.

\_\_\_\_\_ *Date*

\_\_\_\_\_ *Signature of Parent/Guardian*

Child's Name: \_\_\_\_\_ Surname, First  
D.O.B. \_\_\_\_\_ year, month, day  
Address: \_\_\_\_\_  
Home phone: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ Work phone: \_\_\_\_\_  
Father's Name: \_\_\_\_\_ Work phone: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Date of Most Recent Tetanus Shot: \_\_\_\_\_  
Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Medical Number: \_\_\_\_\_  
Allergies/Medications: \_\_\_\_\_  
Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Please attach child's  
photo to this form

**EMERGENCY - PERMISSION CARD**

## Parent Agreement Form

We, the undersigned have read carefully the policies of Countryside Preschool and agree to abide by them. We wish to enroll our child/ren at Countryside Preschool, and hereby agree as follows:

1) We will make every effort to be on time for preschool. We understand that preschool programming ends at 12:55, and that it is not acceptable to be late for pick-up.

Initials

2) We will not send our child to school if the child is ill, nor volunteer when we are ill. If our child contracts a communicable disease or condition (ie chicken pox, head lice, Fifth disease, etc) we will notify the ECE and President immediately.

3) We understand that, in the classroom and on the playground, the ECE has overall responsibility for the program, teaching methods, discipline and health and safety measures.

Initials

4) We hereby authorize the ECE to:

- arrange for periodic examinations by public health personnel (e.g. licensing officer);
- send our child home, if we are unable to pick him/her up, accompanied by an adult approved by us, if he/she appears ill, when it has been ascertained there is someone there to receive him/her;
- in case of serious injury or other medical emergency, to obtain professional help (family doctor and/or ambulance) and notify the parents/caregivers immediately. We agree that any cost incurred for such services shall be the sole responsibility of ourselves. If parents/caregivers cannot be reached, contact is then made with the person whose name appears as an alternate on the enrolment form, and emergency form; and
- to exercise discretion to ensure the safety and well-being of our child.

5) We will keep the ECE informed of any event or change of routine at home which may affect our child's behaviour.

6) If we have questions about our child's progress or the program of the preschool, we will direct them to the ECE; we will direct queries or suggestions about the administration of the preschool to the Executive Committee through the President or other member of the Executive Committee.

Initials

7) We will pay our child's tuition fees by the 5th day of the month in which they are due, unless otherwise required (ie June fees are paid in September).

Initials

8) If it becomes necessary to withdraw our child from school, we will give notice one month before the intended date of withdrawal in writing to the Secretary, or pay one month's dues in lieu of notice. We understand that June fees are not refundable if less than one month's

notice is given for withdrawal.

- 9) If enrolled in the parent-participation stream, we agree to a position at the preschool. These positions include, but are not limited to, board positions (e.g. president, vice president, treasurer, secretary, fundraising chair) or non-board positions (e.g. maintenance, cleaning, Thursday helpers).
- 10) For families in parent-participation positions, we agree to participate in general upkeep of the preschool and fundraising efforts as able. We understand that active participation in fundraising assists in keeping fees low.
- 11) If a member of the board, we agree to attend monthly meetings, held at the preschool on the first Wednesday of each month at 7:00 p.m., for the purpose of conducting preschool business.
- 12) We agree to fill out and submit all paperwork required by the preschool promptly. We understand that this paperwork is required before our child can attend preschool programming.
- 13) We understand all members registered in the parent-participation stream, and any volunteers assisting in the classroom more than 2 days in the school year, must submit a vulnerable sector criminal record check.
- 14) We understand that the use of the preschool facilities and the activities which our child or children undertake at the preschool involves some risk of minor physical injury. We hereby release and discharge Countryside Preschool and its employees and volunteers from any actions, causes of action or liability which we may have individually or have on behalf of our child or children in excess of the commercial liability insurance carried by the preschool.

Initials

This *Parents Agreement Form* and, in particular, the waiver-release clauses herein contained represent the entire agreement between the parties and the said terms are contractual in nature and not a mere recital.

CONTINUED ON NEXT PAGE

We have read the Parents' Agreement form in its entirety and confirm that we know the contents of this agreement and that we sign the agreement voluntarily.

This Agreement signed and duly witnessed on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

**Parent #1** name: \_\_\_\_\_ (please print)

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

**Witness** Name: \_\_\_\_\_ (please print)

**Witness** Address: \_\_\_\_\_

**Witness** Occupation: \_\_\_\_\_

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

**Parent #2** name: \_\_\_\_\_ (please print)

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

**Witness** Name: \_\_\_\_\_ (please print)

**Witness** Address: \_\_\_\_\_

**Witness** Occupation: \_\_\_\_\_

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

For use only for families participating for a consecutive year.:

I/We have reread the Parent Agreement form.

Date: \_\_\_\_\_ Parent/Caregiver \_\_\_\_\_

Date: \_\_\_\_\_ Parent/Caregiver \_\_\_\_\_