

Little Stars Preschool Confidential Registration Information

Name of child: _____

Birth date: _____

Age at time of registration: _____

Gender: Male / Female

Blood type: _____

BC care card number; _____

Language spoken at home: _____

First date of attendance: _____

Last date of attendance: _____

Physical description of child;

Photograph of child

Hair colour; _____ Eye colour; _____ Weight; _____ Height; _____

Identifying marks; _____

1. Parent/Legal Guardian

Name: _____

Relationship to child: _____ E mail: _____

Home Phone: _____ Cell: _____

Home Address: _____ Post Code: _____

Mailing Address: _____ Post Code: _____

Place of work: _____ Phone: _____

1. Parent/Legal Guardian (if applicable)

Name: _____

Relationship to child: _____ E mail: _____

Home Phone: _____ Cell: _____

Home Address: _____ Post Code: _____

Mailing Address: _____ Post Code: _____

Place of work: _____ Phone: _____

2. Siblings

Name and age: _____

Name and age: _____

Name and age: _____

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Restricted Access/Contact:

List (if applicable) the names of people who are legally restricted from having access/contact with your child due to a Court Order/Separation Agreement.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

A copy of the relevant Court Order or Separation Agreement must be attached and any changes filed with the preschool immediately.

Persons authorized to pick up child / alternate caregivers to contact in case of illness, injury, emergency

or removal. (Must be within 30 minute drive of the child care centre – please add more names on an extra sheet if you wish too)

1. Name: _____

Relationship to child: _____

Home Phone: _____ Cell: _____

Home Address: _____ Post Code: _____

Place of work: _____ Phone: _____

2. Name: _____

Relationship to child: _____

Home Phone: _____ Cell: _____

Home Address: _____ Post Code: _____

Place of work: _____ Phone: _____

Child's Health Information

1. **Please attach a copy of your child's health passport** showing that your child is fully immunized in accordance with the British Columbia Routine Immunization Schedule. Parents must keep this information up to date.
2. If your child's immunization schedule is not complete you must sign below to acknowledge that you are aware your child may be asked to remain absent from Little Stars Preschool should there be an outbreak of disease that may be harmful to them. Also, that you understand this will be at your own expense - there will be no refund for days missed

Signed; _____

Date of last medical checkup _____ by Dr: _____

Known Allergies: _____ current medication: _____

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Special Instructions (to be accompanied by Doctors statement) _____

If your child has had any of the following please give dates and details;

Illnesses _____

Accidents _____

Operation _____

Additional Information

Doctor:	Dentist:
Address:	Address:
Phone:	Phone:

Medical Insurance Plan: _____ No. _____

Effective Date: _____

Permission slips

1. Photograph Permission:

I give permission for my child to be photographed. I understand that these photographs may be used by Yellowhead Community Services Society in displays or used in local newspaper articles pertaining to Little Stars Preschool

Parents/guardian signature: _____ Date: _____

2. Sunscreen Permission Slip

I give permission for staff at Little Stars Preschool to apply a factor 25 sun screen plus to my child's skin before he/she plays outside and as necessary thereafter during warm weather.

Parents/guardian signature: _____ Date: _____

3. Practicum Students

I give permission for practicum students at Little Stars Preschool to take photographs and/or video of my child for purposes of the student's further education and understand that no names will be used to identify my child. All photographs and video once used will be destroyed or given to families

Parents/guardian signature: _____ Date: _____

Preferred dates of attendance.

Tuesday

Wednesday

Thursday

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Little Stars Preschool emergency consent agreement in case of illness, injury or emergency

It is policy to notify a parent when a child is ill or needs attention. Please sign the consent form below so that we can take appropriate action on behalf of your child should an emergency situation arise. We will take this signed consent with us to the emergency centre.

I authorize the staff or person(s) in charge of Little Stars Preschool, to call a physician, take my child to the nearest emergency centre or summon an ambulance for emergency medical aid, should, in the opinion of the person(s) in attendance, feel such services are required. If such emergency should arise, I shall be notified as soon as possible. I agree that any cost incurred for such services shall be the sole responsibility of myself.

Signature of parent/guardian; _____

Printed name of parent; _____ Date; _____

Permission form for transportation of my child in the case of an emergency evacuation

I give permission for my child to be transported under the care of a member of Yellowhead Community Services staff in either a personal vehicle or a public transit vehicle in the case of an emergency evacuation.

All efforts will be made to ensure children are secured in a seat belt/child car seat and/or booster seat that meet both their height and weight requirement. However, due to unforeseen circumstances during an emergency evacuation, by signing this I understand that it is possible that a seat belt, child car seat and/or booster seat above may not be available for my child's use.

In the case of an emergency evacuation, all children will be transported to the emergency evacuation location of Barriere Secondary School, 845 Barriere Town Road, telephone 250-672-9943 and will remain there until a parent/guardian or authorized person from the child's file is able to pick them up. All efforts will be made by Little Stars Preschool, staff to contact parent/guardians upon arrival at the emergency evacuation location.

Signature of parent/guardian; _____

Printed name of parent; _____ Date; _____

Registration forms accepted as complete on or before first date of attendance;

Signature of staff; _____

Printed name of staff; _____

Date; _____

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Other information

It is our philosophy to create a warm and nurturing environment for all children attending our preschool. To help us get to know your child and ease their transition into preschool please answer the following questions and share any information that you feel is important.

- What are your child's favourite activities?
- Do you have any concerns in regard to your child's behaviour and/or development?
- What is your child's usual routine at home?
- What are your child's strengths?
- When your child is upset, what does he/she find comforting?
- Who lives with you? (You may include pets!)
- Any other information you would like us to know.

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Registration Form Update (to be done yearly or as needed)

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date