

St. Ann's Preschool Confidential Registration Form



Child's Name: _____

Monday/Wednesday/Friday, 9:00am-12:00noon

4 year old Classes: _____

Tuesday/Thursday, 9:00am-11:30am

3 year old Classes: _____

In order to complete your application for REGISTRATION for 2019-2020 Preschool year, the following **must be submitted** with your application:

_____ Registration form completed and signed by **both** parents.

_____ \$40.00 Registration Fee (cash or cheque dated today) made out to **St. Ann's Parish**.

_____ Emergency Consent Form Card

_____ Copy of Birth Certificate

_____ Copy of Baptismal Certificate

_____ Immunization Records

_____ 10 postdated cheques dated **July 1st, 2019 (for Sept. tuition), October 1st-December 1st, 2019 and January 1st to June 1st 2020**. Make all cheques payable to **St. Ann's Parish**.

Preschool Fees:

Tuesday/Thursday Classes: **\$135/ month**

Monday/Wednesday/Friday Classes: **\$170/month**

Please be advised that Fees are payable in advance with MONTHLY POST DATED CHEQUES starting in July or FULL PAYMENT OF TUITION FEES in September (by cheque or cash). There will no longer be by month payments accepted.

One month's notice is required for withdrawal and return of fees.

Questions? Please call JoAnn Nixon at 604-317-7966 before 8:00 p.m.



Child's legal family name: _____ **Child's legal first name:** _____
Child's legal middle name: _____ **Usual first name child goes by:** _____
Male _____ Female _____ Date of Birth: _____
Person(s) with whom the Child lives: _____
Commencement date: _____
Monday/Wednesday/Friday _____ 4 year old class
Tuesday/Thursday _____ 3 year old class

Father's name: _____
Home Address: _____
Postal Code: _____ Occupation: _____ Home#: _____
Work#: _____ Cell #: _____ Email: _____
Working days and hours: _____

Mother's name: _____
Home Address: _____
Postal Code: _____ Occupation: _____ Home# _____
Work #: _____ Cell # _____ Email: _____
Working days and hours: _____

If there is a Custody Agreement, Please give details _____

If Catholic: Name of church & city where child was baptized: _____
Name of parish you are currently registered at: _____
Child's Pet: (type and name) _____

Siblings: Name _____ Birthdate _____
Name _____ Birthdate _____
Name _____ Birthdate _____

Signature of Parent: _____ **Date:** _____

Emergency contacts other than parent/guardian:

1) Name: _____ Home #: _____

Relationship: _____ Work #: _____

2) Name: _____ Home #: _____

Relationship: _____ Work #: _____

People authorized to pick up child from preschool (include parents)

Home/Cell & Work

Name: _____ Relationship: _____ phone# _____

Name: _____ Relationship: _____ phone# _____

Name: _____ Relationship: _____ phone# _____

Name: _____ Relationship: _____ phone# _____

Is there anyone not authorized to pick up your child? _____

Has your child previously attended preschool? _____

If yes, where? _____

Medical Information:

Care Card Number: _____

Family Dr.: _____ Telephone #: _____

Does your child have development difficulties? Speech ___ Vision ___ Hearing ___

Does your child have any disabilities or serious illnesses? _____

Is your child on any Medication? _____

Does your child have Allergies? _____

Is there anything else you can think of that will help us to know and understand your child better?

Has your child been immunized? Yes ___ No ___

Immunization History:

Diphtheria/Pertussis/Tetnus _____ HIB Meningitis _____

Poliomyelitis _____ Measles/Mumps/Rubella _____

Please indicate where original records can be found:

Which Health Unit Office: _____

Which Doctor's Office: _____

PARENT AGREEMENT

- 1: Parents or Guardians who decide to withdraw are required to give 30 days written notice from the first of the month. FAILURE TO DO SO WILL RESULT IN THE LOSS OF THE ONE MONTH'S FEE.**
- 2: There will be NO refunds or credit issued for days missed due to illness, vacation days, Professional Development days, statutory holidays or days closed due to bad weather.**
- 3: We require 10 postdated cheques, one for each month of preschool, dated for the 1st of each month. The September cheque is due July 1st, 2019. We also require a \$40 one time registration fee that is non-refundable. There will be a charge of \$15 for NSF cheques.**
- 4: Parents agree to attend a Parent Orientation and a Meet the Teacher in the beginning of September.**
- 5: Parents or caregivers must accompany their child to the preschool classroom and stay until your child is settled.**
- 6: Children who are ill must be kept home (please see policy in parent hand book). If the child or close family member has a communicable disease please contact a staff member.**
- 7: If a child becomes ill during the time in our care the parents/caregiver will be contacted and asked to pick up the child. In event of an emergency 911 will be called and then the parents will be notified.**
- 8: Parents/caregivers should engage in daily contact with the staff to share information and relay messages about their child.**
- 9: Questions concerning the child or the program should be directed to the staff. Parents/caregivers are requested to visit the parent board and read monthly newsletters. Please ask questions if anything is unclear.**
- 10: We have several field trips throughout the year. Parents are asked to transport their child to and from field trips.**
- 11: Photographs of your child will be taken and used in relation to St. Ann's Preschool. These may be posted on bulletin boards in our preschool, in our cubbies and our end of year CD.**
- 12: The Preschool Staff has the overall responsibility for the preschool program, including setting limits, health standards and safety measures. Parents are to let *staff deal with any behavioral issues* even if the parent/caregiver is present.**

Please refer to Parent Handbook for more information about our Preschool Policies and Procedures.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE AGREEMENT.

Parent/Guardian Signature

Date