PRESCHOOL

REGISTRATION PACKAGE

This package includes everything you will need to register for a space at Laugh and Learn Daycare/Preschool. Please note that we are only able to accept COMPLETE registration packages. Families without ALL required cheques, paperwork or signatures would not be registered. Please ensure all boxes below are checked before returning registration package:

|  |  |
| --- | --- |
| **ITEM REQUIRED** |  |
| 1) Registration Form completed with all signatures and info required |  |
| 2) 10 Post-Dated Cheques - September-June $165.00 2 days per week  $215.00 3 days per week $350.00 5 days per week |  |
| 3) Photocopy of Child’s Immunizations |  |
| 4) Current Photo of Child (on first day) |  |
| 5) Registration Fee of $50.00 (cheque dated for current day or cash accepted) |  |
| 6) Emergency Card completed (last page of registration pkg.) |  |
| 7) Care Plan attached (if required) |  |
| 8) Copy of Custody Papers (if required) |  |

1. **Registration Form**
	* All legal guardians/parents must read AND sign the Registration Form
	* Fill out all registration forms fully and accurately
2. **Post-Dated Cheques**
	* Provide 10 cheques dated for the 1st of each month commencing in September of each year and completing in June
	* All cheques are made out to: Laugh and Learn Daycare
	* Memo Line of each cheque: Your Child’s Name & Month
3. **Immunizations**
	* Provide a photocopy of your child’s immunizations. If your child is not immunized, please make sure to circle this option on the Registration Form
4. **Current Photo(required on first day of class)**
	* Childcare Licensing requires that we have a current photo of your child attached to the emergency card as we take these items on all out trips
5. **Registration fee**
	* A $50.00 Registration Fee is required for each registration.
	* This fee is non-refundable should you decide to withdraw
	* Cash or cheque accepted (please write for current date)
6. **Emergency Card**
	* An emergency card must be filled out for your child so we are able to take these on out-trips with us. Please find this located on the last page of the registration pkg
7. **Care Plan**
	* If your child has a special need (including severe allergies) or behavioral need you must attach a care plan (please speak with manager directly regarding this form)
8. **Custody Papers**
	* If you are separated/divorced and have any special guardian arrangements, we require a current copy of all legal custody agreements referencing custody arrangements ONLY

**PRESCHOOL REGISTRATION FORM**

First Day of Attendance:

Day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Day of Attendance (for teachers use only):

Day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program of Choice (Circle): 2 days a week 3 days a week 5 days a week

 **CHILD**

Child's Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Called Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of child if different from parent(s):

Street address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child's Date of Birth:

 (day, month, year): \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ Sex : M F (circle one)

Siblings/Other Children Living at Home:

Name(s) Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Sex: M F (circle one) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Sex: M F (circle one)

First Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Second Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENT(S)/GUARDIAN(S)**

1. Parent's Full Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address:

Street address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_ Phone: (H) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (C) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Work:

 Company / Employer name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Hours: \_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Parent's Full Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address:

Street address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_ Phone: (H) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (C) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Work:

 Company / Employer name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Hours: \_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AUTHORIZED PICK UP**

Name of **each** person authorized to remove child from the preschool

Full Name(s) Phone Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_-\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_-\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_-\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_-\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_-\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Persons who are willing to assume responsibility if a parent cannot be reached in the case of an emergency.

 Full Name(s) Phone Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_-\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_-\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Out of State Contact: (to be used as liaison between you and school if phones are down locally)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_-\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NON-AUTHORIZED PICK UP**

Persons NOT permitted to access the child:

Full Name(s) Phone Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_-\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_-\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there custody orders? □ YES □ NO

If yes, please attach documentation.

**MEDICAL INFORMATION**

Family Doctor:

Name/Office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Personal Health Number (BC Care Card):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CHILDS IMMUNIZATION STATUS**

(please provide dates of most recent shots or a photocopy of your child’s immunization record must accompany this registration.)

Diphtheria/Pertussis/Tetanus

Poliomyelitis

HIB (Meningitis)

Measles/Mumps/Rubella

Please indicate where original records may be found:

**To the best of my knowledge, my childs immunization status is:**

**Complete Incomplete**

**Parent’s Initials:**

**CONSENT**

 As parent/guardian of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I authorize the staff members of Laugh and Learn Preschool to call a physician or an ambulance in the case of accident or illness if I cannot be immediately reached. I understand that in an event of an emergency, the preschool staff may have to acquire medical care prior to notifying me.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RELEVANT INFORMATION**

Please provide full details of any allergies/sensitivities to any food, drug, or substance.

Please describe any disabilities, illnesses, or previous accidents.

Please indicate if there are any medications, special diets, or treatments that your child requires.

Are there any special instructions or action plans given by a doctor or parent?

Is your child using the toilet?

Is there any special words used?

What is your child's previous experience with respect to preschool/child care?

How is discipline/guidance addressed at home?

What are your goals for your child while they are with Laugh and Learn Preschool?

**PARENT(S)/GUARDIAN(S)**

This is an agreement between **Laugh and Learn Daycare** and the undersigned parents/guardians for the duration of your child’s time with our preschool. By signing below, you have read and agree to comply with the **Laugh and Learn Daycare Parent Handbook.** To the best of my knowledge the information supplied on the **Preschool Registration Form** is accurate.

 • We agree to pick up our child on time from Preschool. A late fee will continue to be applied after the second tardiness.

• We agree to keep our child home if he/she is ill, and to notify the Preschool of any communicable disease or condition (chickenpox, lice, hand foot & mouth etc.).

• We agree to have all forms and documents completed and submitted before our child starts classes.

• We will make the educators aware of any changes in routine at home, which may affect our child’s behaviour.

• If we wish to withdraw our child from the Preschool, we agree to abide by the policies set out in the Parent Handbook.

Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Information supplied on this form is for the custody and control of the care facility collecting such information as required in the Child Care Licensing Regulation*

**EMERGENCY CONSENT CARD**

NAME OF FACILITY:

CHILDS NAME: BIRTHDATE:

 YEAR/MONTH/DAY

ADDRESS:

MOTHERS NAME: CHILD LIVES WITH:

WORK PHONE: HOME PHONE:

FATHERS NAME:

WORK PHONE: HOME PHONE:

EMERGENCY CONTACT: PHONE:

CHILDS M.D.: PHONE:

1)ALLERGIES:

2)MEDICATIONS:

CHILDS DENTIST: PHONE:

CARE CARD#: DATE EFFECTIVE:

**CONSENT FORM**

1) It is the policy of this centre to notify a parent when a child is ill or needs medical

 attention. Occasionally we cannot contact parents and we need to get immediate

 help for the child. Our procedure is to take the child to the nearest emergency service.

2) Please sign the consent below so that we can take appropriate action on behalf of your

 child. Return the signed consent to the centre immediately. We will take this consent

 with us to the emergency centre.

3) I hereby give consent for my child when ill to be taken

 To the nearest emergency centre by the Care Facility Staff when I cannot be contacted.

4) I hereby give consent for my child to receive medical

 treatment.

 SIGNATURE OF PARENT/GUARDIAN

 PHOTO

 WITNESS

 DATE

 YEAR/MONTH/DAY