



Registration Form
2's Class

Non-refundable deposit: One month's tuition + \$25.00 Registration/Council of Parent Participation Preschools in BC fee (\$25 fee waived if sibling attends morning 3/4's class)

Child's name	Address
Birthdate	Postal Code
Parent #1's name	Parent #1 Phone Number(s)
Parent #2's name	Parent #2 Phone Number(s)
Email address	
Who will drop-off/pick up?	Relationship to child (if not a parent) and contact number
Who will drop-off/pick up?	Relationship to child (if not a parent) and contact number

Program Name	Select	Fees/Month
2 year old program Fridays 10:00am-12:00pm		\$130
<i>Subtotal of Monthly Fees:</i>	\$130	
<i>CPPPBC Registration Fee (waived if a sibling attends the 3/4's program):</i>	\$25	
Total Non-Refundable Deposit Fee (1 month tuition + Registration Fee if applicable):		

**Please make cheques payable to: Dunbar Memorial Preschool*
**Fees are subject to change at any time based on enrolment*
**If you have multiple children enrolled in DMP, the CPPPBC fee only needs to be paid once per family per year*
**Please note the withdrawal policy as outlined in our parent handbook*

For new students with Dunbar Memorial Preschool Alumni in family:

Has a sibling attended DMP before (please provide name & relationship)? _____

Which year(s)? _____ If you are a past exec member, which position? _____

****Below to be completed by DMP****

_____ Date Received



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**Please keep a copy for your own records.

2's Class Parent Agreement

I, _____, parent/guardian of _____, have read carefully this Parent Agreement of Dunbar Memorial Preschool (the "**Preschool**") and agree to follow it to the best of my ability.

I will be responsible for the care and transportation of my child to and from the Preschool.

I will make every effort to be prompt in bringing my child to Preschool and in picking him/her up when Preschool ends for the day.

I agree that I will follow the Illness Policy in the Parent Handbook, as follows:

Children in preschool programs are particularly susceptible to infections. With this in mind, we ask that any child too ill to participate in the normal activities of the preschool be kept at home. If your child has a fever, please do not return your child to preschool until 24 hours after the fever has passed. In cases of gastrointestinal problems (diarrhea, vomiting etc), please keep your child home for at least 48 hours after all symptoms have subsided. If your child has a communicable disease such as chicken pox, strep throat, mumps, pink eye, hand foot mouth, whooping cough, head lice etc, please keep your child at home and inform the preschool immediately, whereby we will advise of further instructions.

Additionally, on days I choose to volunteer in the classroom, I will not come if I am ill, nor will I bring siblings on the premises if they are ill.

I will pay my child's tuition fees promptly as arranged with the Treasurer.

I acknowledge and agree to the change and withdrawal policies as follows:

Withdrawal – 2's Class

All requests for withdrawal from the 2's class need to be made in writing to the Enrolment Chair at dunbarpreschoolinfo@gmail.com with a minimum of one clear **calendar** month's notice. For example, if a request is received on October 1, the changes will take effect on November 1. However, if a request is received on October 5, the changes will not take effect until December 1. Withdrawal requests received after March 31 of the current school year will receive no refund in tuition fees. Please note that the deposit paid upon registration, which consists of one month's tuition and a Council of Parent Participation Preschools in BC fee, is **non-refundable**. Any remaining tuition refundable to the parent will be pro-rated.

I understand that the program may be cancelled at any point if there is insufficient enrollment, in which case I will receive a pro-rated refund.

I understand that a parent/caregiver of the child should remain in the Dunbar Community Centre while he/she is attending Preschool.

I understand that diapering needs are the responsibility of the parent/caregiver.

I agree to complete a provincial government online criminal records check at no charge to me, if I choose to volunteer in the classroom. I understand that an individual's criminal record history is reviewed against the list of relevant or specified offences only and specifically as applicable in determining the risk that an individual may pose in a position where they work with children, and is not a full criminal records check.

I understand that, in the Preschool and on the playground, the Teachers have overall responsibility for programs, teaching methods, discipline, and health and safety measures.

I hereby authorize the teachers to carry out regular health inspections of my child; to arrange for periodic examinations by public health personnel; to send my child home accompanied by a responsible adult if he/she appears ill; and in case of emergency, to call my family doctor, a qualified physician, or emergency service.

I will keep the teachers informed of any events or changes at home which might affect my child's behaviour.

The Executive, in conjunction with the Teachers, reserve the right to require the withdrawal of any child:

- whose influence or behaviour may be considered detrimental to the welfare of the Preschool/class; or
- who is not able to adapt to the classroom situation.

If I have questions about my child's progress in Preschool, I will direct them to the Teachers. I will direct queries or suggestions about the administration of the Preschool to the Executive.

I understand the Preschool's insurance plan only covers children enrolled in the Preschool and one participating caregiver. I acknowledge that the insurance plan does not cover any additional children or other caregivers or guests (i.e. siblings, grandparents or nannies attending with a parent).

In case of injury to my child while in the care, custody or control of the Preschool, I hereby waive all claims against the Preschool in excess of the amount of public liability insurance carried by the Preschool.

Signed

Revised: January 2020

Date

CHILD CARE

Please attach
child's photo
to this form.

EMERGENCY CONSENT FORM

CCFL3, Rev 04-2009

CHILD'S NAME: _____ BIRTHDATE: _____
SURNAME FIRST NAME(S) YEAR/MONTH/DAY

ADDRESS: _____

PARENT'S NAME: _____ HOME PHONE: _____

CELL PHONE: _____ WORK PHONE: _____

PARENT'S NAME: _____ HOME PHONE: _____

CELL PHONE: _____ WORK PHONE: _____

EMERGENCY CONTACT: _____ CELL PHONE: _____ PHONE: _____

OUT OF TOWN CONTACT: _____ PHONE: _____

CHILD'S DOCTOR: _____ PHONE: _____

DATE OF MOST RECENT TETANUS SHOT: _____

ALLERGIES / MEDICATIONS: _____

CHILD'S DENTIST: _____ PHONE: _____

CARE CARD NUMBER _____

CONSENT

- 1) It is the policy of this facility 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 call for an ambulance.
- 2) Please sign the consent below so that we can take the appropriate action on behalf of your child. Return the signed consent to the facility immediately. We will take this consent with us to the emergency centre.
- 3) I hereby give consent for my child _____ to be taken to the nearest emergency centre when I cannot be contacted.
- 4) I hereby give consent for my child named above to receive medical treatment.

DATE

SIGNATURE OF PARENT / GUARDIAN

WITNESS

CCFL3, Rev 04-2009



PHOTO/VIDEO RELEASE FORM

I, _____, parent/guardian of _____,
 give permission for photographs / videos of my child to be published in the following areas
 (**initial next to the areas you consent to**):

Location	Initials
(1) in the classroom	
(2) in the Dunbar Memorial Preschool newsletters and emails circulated among preschool families	
(3) in the display case upstairs in the lobby of Dunbar Community Centre	
(4) for marketing/promotional purposes, such as on the Dunbar Memorial Preschool website, Facebook page, or on other publications. I understand that these photos can be viewed by anyone in the world, but no identifying information (such as full names) will be displayed	
(5) I <u>DO NOT</u> consent to have my child's photo/video taken or displayed anywhere by the preschool	

 Signature of Parent/Guardian

Immunization Information for Child Care

Section 57(2) (a) of the Child Care Licensing Regulation requires licensed child care programs to have a record of each child's immunization status.

The completion of this form meets the requirement to maintain a record of children's immunization status and will assist in identifying those that may require exclusion in the event of an outbreak of a communicable disease because they are not immunized.

To be completed by Parent/Guardian of:

Child's Name

Date of Birth

Complete Immunization:

- Record of vaccinations attached
- Record of vaccinations unavailable

Incomplete Immunization:

- My child has had some vaccinations
- My child has had no vaccinations
- I do not know

If available, please attach a photocopy of your child's vaccination record to this form.

For example: BC Child Health Passport OR immunization record either in English or any language. Ensure your child's name and date of birth are written on each page.

Parent/Guardian Printed Name

Date

Parent/Guardian Signature



Family Interest Information Sheet

Child's Name: _____

1. What information about your child will help the teacher get to know him/her?

2. What do you hope your child will gain from being in an enriched play based preschool?

3. Who lives at home with your child (adults & children, please list ages for children)?

4. What language(s) do family members speak?

5. What celebrations do you observe at home (i.e. Ramadan, Diwali, Christmas, Hanukah, etc.)?

6. Do you or your spouse have a special interest, hobby or talent that you could share with the preschool? Any special skills? i.e. organizing, drawing, taking photographs, etc?

7. Any field trip/class guest ideas to share?

8. What occupational background do you and your spouse have?

9. Special Services

- a. Are there any community agencies currently providing support to your child? Y N

- i. If YES, please list the agency and describe the service provided:

- b. Does your child have any assessment reports which can be provided to the school? Y / N