REGISTRATION CHECKLIST FOR 3/4'S CLASS

Please complete and return all of the below items in order to secure a spot for your child. Spaces will be allocated on a "first come, first served" basis.

	DOCUMENT	**NOTES**
❑	Registration Form	
❑	Parent Agreement	
❑	Emergency Consent Form	***Remember to have your signature witnessed***
❑	Photo of your child	***To be stapled to the Emergency Contact Form***
❑	Immunization Information for Childcare Form	
❑	A photocopy of your child's vaccination record	
❑	Form CCFL2 (the 2 page form that says "Name of Facility" at the top)	***Remember to fill out the custody information checkboxes and the immunization record checkboxes (located at the bottom of the second page in the box)*** ***Remember to sign and date the form***
❑	Family Interest Form	
❑	Parent Job Request Form	
❑	Photo/Video Consent Form	
❑	Registration Fee	***Consists of first month's deposit + $20 Council Fee*** ***Please write your child's name on the cheque***
❑	9 monthly post-dated cheques from October to June or one lump sum cheque for October to June tuition (to be provided after DMP has confirmed a space is available for your child)	***These must be supplied within one week of DMP confirming that a spot in the preschool is available for your child. If we do not receive your cheques within this one week timeframe, your spot will be released to the next applicant in line*** ***Please write your child's name on the cheque(s)***

Registration Form
Preschool 3s 4s

Non-refundable deposit: One month's tuition + $90.00 Registration/Council of Parent Participation Preschools in BC fee

Child's Name

Address

Birthdate

Postal Code

Parent #1

Parent #1 Phone Number(s)

Parent #2

Parent #2 Phone Number(s)

Email address

Program Options:

- Mondays to Thursdays 9:15am – 12:15pm
- If doing the 2 or 3 day program option, you select which days are preferred (first come first served)

Please select which program you are enrolling your child for below:

Program Name	Select	Fees/Month	Circle which Days
3/4 year old 2 day program		$250	M Tu W Th
3/4 year old 3 day program		$345	M Tu W Th
3/4 year old 4 day program		$410	
Subtotal of Monthly Fees:	$		
CPPPBC Registration Fee:	$90		
Total Non-Refundable Deposit (One month tuition + Registration Fee):	$		

**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 or you are enrolling your child in more than one program, 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 or parent attended DMP before (please provide name & relationship)? _____
Which year(s)? _____ If you are a past executive member, which position(s)? _____

Below to be completed by DMP

_____
Date & Time Received

**Please keep a copy for your own records.

3 & 4 yr old 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:

> *Changes To Morning Registration*
>
> To change the number of days of attendance or the days you are attending, submit requests 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. Requests to reduce the number of days of attendance will not be accommodated after March 31 of the current school year. Whether a request is accepted or denied will depend on availability.
>
> *Withdrawal – 3/4's Morning Class*
>
> All requests for withdrawal from the morning 3/4'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 acknowledge that I am responsible for attending the General Meetings and the Annual General Meeting in compliance with the *BC Societies Act*, and the annual silent auction. I agree to notify the executive team prior to any meeting I am unable to attend. I understand I am invited to attend Parent Education sessions held before or following the General Meetings.

On days I choose to volunteer in the classroom, to ensure that both my enrolled child and I get the most out of the day, I will not bring my other children to the preschool (new infants excluded). When I volunteer in the classroom, I will follow the directions of the Teachers.

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 Date

Revised: January 2020

Please attach child's photo to this form.

CHILD CARE

CCFL3, Rev 04-2009

EMERGENCY CONSENT FORM

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

Provided by VCH – Community Care Facilities Licensing

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

Name of Facility: DUNBAR MEMORIAL PRESCHOOL

CHILD'S STARTING DATE: _____/ _____/ _____
YY MM DD

SEX: M ____ F ____

DATE OF BIRTH: _____/ _____/ _____
YY MM DD

NAME OF CHILD: _____
(Surname) (Given Names) (Also Known As)

Name the Child responds to: _____

Address: _____

Postal code: _____ Phone: _____

Person(s) with whom the child lives (adults and children): _____

Child's first language: _____ Other languages: _____

Parent(s) / guardian(s):

Name: _____ Home phone: _____ Cell phone: _____

Work phone: _____ Days/hours of work: _____ E-mail: _____

Name: _____ Home phone: _____ Cell phone: _____

Work phone: _____ Days/hours of work: _____ E-mail: _____

Person(s) authorized to pick up the child and be contacted in case of emergency. These people should be available during hours of care. (include mother / father / guardian):

Name: _____ Relationship to child: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Name: _____ Relationship to child: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Name: _____ Relationship to child: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Name: _____ Relationship to child: _____

Home phone: _____ Work phone: _____ Cell phone: _____

If appropriate, list an English speaking contact:

Name: _____ Phone: _____

Has the child previously attended daycare/preschool?

YES ☐ NO ☐ Comments: _____

Comments/instructions to help us care for your child. (Please feel free to add additional pages.):

Toileting/Diapering (special words): _____

Rest Time (special comfort – toy/blanket): _____

Eating/Mealtime (include food likes/dislikes): _____

Fears: _____

Please tell us anything else you think will help us provide an enriching experience for your child: _____

_____

_____

HEALTH INFORMATION

Health professionals involved with your child (other than doctor and dentist):

NAME	PROFESSION/AGENCY	
_____	_____	Phone: _____
_____	_____	Phone: _____
_____	_____	Phone: _____

Does your child have:

A medical condition/concern? YES ☐ NO ☐
If yes, please provide further information: _____

Allergies? YES ☐ NO ☐
If yes, please provide further information: _____

Asthma? YES ☐ NO ☐
If yes, please provide further information: _____

Has your child had a seizure in the past year? YES ☐ NO ☐
If yes, please provide further information: _____

Does your child require a special diet related to a medical condition? YES ☐ NO ☐
If yes, please provide further information: _____

Food sensitivities? YES ☐ NO ☐
If yes, please provide further information: _____

List all prescription and "over the counter" medications your child receives:

Medication	Times Given	Reason for Medication
_____	_____	_____
_____	_____	_____

You may be asked to complete additional forms if you answered yes to any of the above.

This health information may be made available to the staff of Vancouver Coastal Health.

Custody Agreement YES ☐ N/A ☐ **Provided to Facility** YES ☐ NO ☐ N/A ☐
Immunization Documents Returned to Facility YES ☐ NO ☐

Information Provided By: _____ _____
Print Name Signature

DATE: _____/_____/_____
YY MM DD

Information Received By: _____ _____
Print Name Signature

DATE: _____/_____/_____
YY MM DD

Office Use Only

Date Child Leaves the Facility: DATE: _____/_____/_____
YY MM DD

dunbar MEMORIAL PRESCHOOL

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

dunbar MEMORIAL PRESCHOOL

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 ***DO NOT*** consent to have my child's photo/video taken or displayed anywhere by the preschool	

_____

Signature of Parent/Guardian

Parent Job Selection Form

One of the responsibilities of parents joining a parent involvement preschool such as Dunbar Memorial Preschool is to assist in its general administration by taking on a parent role. Titles marked with an asterisk (*) are executive positions and are open to all interested parents.

The Executive meets once a month and includes members of the asterisked positions below and the DMP Supervisor Teacher. Everyone is welcome to attend the Executive meetings.

Please review the list of Parent Jobs and indicate your top 3 interests (by marking 1, 2, 3).

Parent Name: _____

_____*President(s) (this job may be shared by 2 co-presidents)
Oversees the general operation of the school with enthusiasm and integrity; delegates tasks where appropriate; fosters atmosphere of community, encouragement, respect and fun; facilitates general and executive meetings; leads development of socially sensitive, financially viable, and environmentally responsible preschool policies and practices; liaises between teachers and families; co-signs cheques (with Treasurer); completes forms and applications for school as needed; liaises with CPPPBC as needed; updates families about preschool goings-on in a weekly emailed newsletter

_____*Class Parent
Attends monthly executive meetings; acts as a liaison between parents, teachers and executive; collects money and organizes cards for teacher gifts at Christmas and year end; creates Evite(s) for preschool events; ensures the snack duty calendar for each term is completed

_____*Secretary
Takes and distributes minutes for executive and general meetings; maintains files of minutes; prepares and updates class lists and sign-in sheets for classroom

_____*Treasurer(s) (this job may be shared by 2 co-treasurers)
Maintains financial bookkeeping and records for preschool; deposits cheques; co-signs cheques (with President); oversees payroll and finances of school; pays bills

_____Payroll
Uses a provided salary calculator to create teachers' bi-monthly pay stubs and calculate CRA remittance amounts; reports to treasurer prior to each payday with amounts so treasurer can write and distribute cheques

_____*Enrolment Chairperson
Receives and responds to enrolment inquiries; describes DMP and parent involvement preschool philosophy; maintains waiting list; liaises with teachers and executive members to organize open

houses and classroom observations; assists with orientation of new/returning families; oversees registration; creates and maintains class registration spreadsheet for internal use

_____Marketing Team (2 people)
Ensures advertising and publicity materials are kept up-to-date; distributes school flyers; coordinates preparation and submission of our advertisement to go in quarterly DCC program brochure; creates flyers for Open House and distributes them to local advertising boards; helps coordinate a table at relevant DCC community events such as Salmonberry Days

_____WebMaster
Keeps the preschool's website current by changing text/attachments as necessary (executive will provide the content to be changed); posting current events (such as the Open House, Registration, preschool news); periodically changing pictures to keep an updated, fresh look; possible bi-weekly Facebook updates

_____*Silent Auction/Fundraising Chairperson (1)
Oversees the organization of our annual Silent Auction (we have been doing an online auction since 2018); helps assist fundraising team with any other fundraising initiatives throughout the year

_____Fundraising Team (1-3 members)
Assists Fundraising Chairperson to plan and execute silent auction; helps with any other fundraisers later in the school year (ex: Purdys for Easter, children's art sale)

_____Safety Coordinator
Keeps first aid kit and emergency bins well stocked and updated; communicates with teachers about fire and earthquake drills; helps teachers to collect and maintain student comfort kits; distributes health information from public health nurse (i.e. croup, lice, etc.); notifies and updates parents and teachers of ongoing classroom safety procedures; helps keep any health protocols up-to-date with parents and teachers

_____Housekeeping (1-2 members)
Maintains kitchen in stocked and orderly manner (maintains kitchen supplies such as dish soap, bleach, spray cleaners and trash bags and ensures kitchen is in a tidy condition); performs weekly laundry duty (washing all kitchen dishtowels, cloths and pinnies); cleans preschool toys and equipment as requested by the teachers; works with teachers and treasurer to submit inventory report to the CPPPBC

_____Cultural Coordinator
Finds out what languages are spoken by families and if language barriers are present, assist such families with any preschool related issues (ex: explaining how to sign up for snack duty and what it entails, assisting with selection of parent job, possibly setting up a group chat); organizes and finds helpers for any cultural events; works with teachers to allow for understanding and education of cultural diversity in classroom; possible translation of documents, including weekly newsletter