



REGISTRATION CHECKLIST FOR OUTDOOR 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
<input type="checkbox"/>	Registration Form	
<input type="checkbox"/>	Parent Agreement	
<input type="checkbox"/>	Emergency Consent Form	<i>*Remember to have your signature witnessed</i>
<input type="checkbox"/>	Photo of your child	<i>*To be stapled to the Emergency Contact Form</i>
<input type="checkbox"/>	Immunization Information for Childcare Form	
<input type="checkbox"/>	A photocopy of your child’s vaccination record	
<input type="checkbox"/>	Outdoor Class Sign In/Sign Out Consent Form	<i>*Only to be filled out if your child attends both morning class and outdoor class</i>
<input type="checkbox"/>	Photo/Video Consent Form	
<input type="checkbox"/>	Deposit	<i>*Consists of first month’s tuition + \$25 Registration fee *Please write your child’s name on the cheque</i>
<input type="checkbox"/>	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)	<i>*Please write your child’s name on the cheque(s)</i>



Registration Form Outdoor 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

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

Program Name	Select	Fees/Month
Outdoor Class Wednesdays (1:00-2:30pm)		\$100
Outdoor Class Thursdays (1:00-2:30pm)		\$100
Outdoor Class Wednesdays and Thursdays		\$200
<i>Subtotal of Monthly Fees:</i>	\$	
<i>Registration Fee (to be paid <u>only if child isn't enrolled in 3s4s class</u>):</i>	\$25	
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, 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(s)? _____

Below to be completed by DMP

_____ Date Received



**Please keep a copy for your own records.

Outdoor Class Parent Agreement

I, _____, parent/guardian of _____, have read carefully this Parent Agreement of the unlicensed Outdoor Program by Dunbar Memorial Preschool (the "**Outdoor Program**") 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 Outdoor Program.

I will make every effort to be prompt in bringing my child to the Outdoor Program and in picking him/her up when the Outdoor Program 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 at the Outdoor Program, I will not come if I am ill, nor will I bring siblings on the premises if they are ill.

I understand that the Outdoor Program takes place outdoors, in all weather, and will dress my child appropriately for the day's weather. However, in the event of severe weather (which is determined in the sole discretion of the Teachers), class may be cancelled. In such event, no refunds will be given.

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

I acknowledge and agree to the withdrawal policy as follows: All requests for withdrawal from the afternoon outdoor 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 Council of Parent

Participation Preschools in BC fee paid upon registration 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 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 Outdoor Program. 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 Outdoor Program, 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 Teachers or the participants of the Outdoor Program; or
- who is not able to adapt to the classroom situation.

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

In case of injury to my child while in the care, custody or control of the Outdoor Program, I hereby waive all claims against the Outdoor Program/Dunbar Memorial Preschool in excess of the amount of public liability insurance carried by Dunbar Memorial Preschool. I acknowledge that the Outdoor Program's/Dunbar Memorial Preschool's insurance plan does not cover any additional children or other caregivers or guests (i.e. siblings, grandparents or nannies attending with a parent).

Signed

Date

Revised: January 2020

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



PARENT CONSENT FORM

I, _____, give the teacher(s) employed by Dunbar Memorial
Preschool the authority to sign my child, _____, out of
Wednesday and/or Thursday morning preschool class and into afternoon Outdoor Class
every Wednesday and/or Thursday, from the beginning of September until the end of
June.

Parent Signature: _____

Date: _____



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

Signature of Parent/Guardian