

THE RIVER PRESCHOOL AT ST. BARNABAS ANGLICAN CHURCH

1525 BEGBIE STREET

VICTORIA, BC V8R 1K9

riverpreschoolvic@gmail.com

Child Registration Form

Child's Full Name _____

Birth Date _____

Sex: Female ____

Male ____

Family Information

Mother's Name: _____ Home Phone: _____ Work Phone: _____ Cell Phone _____

Father's Name: _____ Home Phone: _____ Work Phone: _____ Cell Phone: _____

Child's Primary Residence _____

Is there an alternate residence: No ____ Yes ____ (Please specify) _____

Adults authorized to pick up your child and/or to be contacted in case of an emergency if a parent can not be contacted. (Please provide pictures)

Name _____

Name _____

Address _____

Address _____

Home phone: _____

Home Phone: _____

Work phone: _____

Work Phone: _____

Cell phone: _____

Cell Phone: _____

Relationship to your child _____

Relationship to your child _____

Does your child have siblings? Yes ____ No ____ If yes, please provide their names and ages.

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Is there anything about your family situation or dynamic that we should know in order to ensure your child's safety and happiness during his/her preschool day? This will be for the use of staff only and will be kept confidential.

Is there anyone NOT permitted to pick up your child? No ____ Yes ____ If yes, please provide name and other relevant details.

THE RIVER PRESCHOOL AT ST. BARNABAS ANGLICAN CHURCH

REGISTRATION FORM/MEDICAL INFORMATION

Family Doctor _____ Practice Address _____

Phone contacts _____

Child's Care Card Number _____

Does your child have any allergies? No _____ Yes _____ If yes provide full details below.

Describe your child's allergies. _____

Treatment/Medicaitons

Does your child have an Epi-Pen? No _____ Yes _____ Where is the Epi-Pen to be kept? _____

Does your child have a individual personal care plan? No _____ Yes _____ If yes, please have a copy that staff can refer to and implement. Please arrange a meeting with staff to ensure that your child's individual care plan is fully understood and can be implemented efficiently and with care.

List the communicable diseases your child has had.

Please attach a copy of your child's immunization record.

I hereby give my consent for the staff at The River Preschool to call for medical assistance in the event that my child needs immediate and/or emergency medical attention.

Parent Signature _____

Date _____

For Office Use (Check and provide date of parent signature.)_

Parent has provided the deposit for registration fee. _____

Parent has provided monthly tuition fee for the following month(s). _____

Parent has provided copies of immunization records. _____

Parent has provided photos of child and photos of adults authorized to pick up their child. _____

Parent has provided an individual care plan, if applicable. _____

Parent has signed Form B, (Release of Photos, Policies and Procedures Agreement, Risk form) . _____

Parent has signed Form A, the Emergency Permission Form and attached a photo. _____

THE RIVER PRESCHOOL AT ST. BARNABAS ANGLICAN CHURCH

EMERGENCY PERMISSION FORM

It is The River Preschool's policy to notify the parent when a child is ill or requires medical attention. If we are unable to contact the parent and the child needs immediate medical attention, parental consent is necessary for preschool staff to take appropriate action on behalf of the child. This form, authorizing consent, will accompany the child to the emergency service.

I hereby authorize the staff at The River Preschool to call a medical practitioner and/or to take my child to the nearest emergency centre or to call for an ambulance should the staff member in attendance feel that such services are required and are not able to make immediate contact with me. If such an emergency arises, I will be notified as soon as is possible. I agree that any cost that is incurred for services shall be the sole responsibility of myself.

Child's Full Name

Parent Signature

Date

Emergency Permission Card

This form must accompany the child to a medical clinic or emergency centre.

Child's Full Name: _____ D.O.B.: _____

Address: _____

Home Phone: _____

Mother's Name: _____ Phone: _____

Father's Name: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Date of Most Recent Tetanus Shot: _____

Child's Doctor: _____ Phone: _____

Child's Care Card Number: _____

Allergies/Medications: _____

Child's Dentist: _____ Phone: _____

A picture of the child must be attached to this form.

FORM B

THE RIVER PRESCHOOL AT ST. BARNABAS ANGLICAN CHURCH

Release of Photographs Form

The River Preschool may, from time to time, take photos of participating children for the purposes of a newsletter which may be distributed to the parent group by email or in paper format. In addition, photos of children attending The River Preschool may appear in the St. Barnabas website or bulletin.

I, _____, **do or do not** give permission for photos of my child,
_____, to appear in pictures as defined above. (Please circle and initial your choice.)

Parent Signature: _____

Date: _____

Director Signature: _____ Date: _____

Policies and Procedures Agreement

I have read the policies and procedures agreement, (Parent Handbook), for The River Preschool at St. Barnabas Anglican Church. I understand and agree to abide by these policies and procedures.

Child's Name: _____

Parent Signature: _____ Date: _____

Director Signature: _____ Date: _____

Acknowledgement of Risks Form

Although we do everything we can to prevent an injury, inside and outside, normal play activities may result in an injury. The children's play activities will be closely monitored and they will be reminded of safe play on a regular basis. Safety assessments of space and equipment will be conducted regularly. Our staff/teacher ratio is low allowing close monitoring of all activities; especially during food preparations which will involve child participation. There is the risk of injury that may include cuts, scrapes, bruises, or insect bites

By signing this form, parents acknowledge that there is an element of risk involved in the activities of The River Preschool and that there may be the possibility of injury.

Parent Signature

Date

Director Signature

Date