



REGISTRATION INFORMATION

SCHEDULE AND TUITION

Please check which program(s) you would like to register your child for.

Mornings: 0730-0850h Monday through Friday, on regularly scheduled school days.
\$150.00/month

Afternoons: 1450-1800h Monday through Friday, on regularly scheduled school days.
\$350.00/month

WAITLIST

Current program capacity is 20 students. If the program is at maximum capacity, names will be taken on a first come first served basis and be added to the waiting list. Families will be notified if a vacancy becomes available and will be asked to register by a given date.

To secure your registration/spot on the waiting list you will need to submit a \$100 non-refundable registration fee (either by cheque or interac e-transfer) and submit the required registration forms.

REGISTRATION

To register your child in the Before & After School Care Program at Inglewood, you will need to submit the following:

1. All registration forms, fully completed.
2. Payment of the non-refundable registration fee (if not already provided) and the last month's tuition fee. These can be paid together by cheque, made payable to "Inglewood Preschool".
3. Prepaid tuition fees for the last month of the school year, which shall be non-refundable unless the student is withdrawn with sufficient notice. Notice of the child's withdrawal from the Program or a change in program enrollment must be given in writing one full calendar month in advance. Notice can be given to the Supervising Teacher or any one of the Directors. Students may only withdraw on the first day of a calendar month. For example, if you wish to cancel for January 1, notice must be given no later than December 1. If notice is not provided, the last month's tuition, paid upon registration, will be forfeited.
4. Post-dated cheques dated for the first of each month in the amount of the monthly tuition fees for the balance of the school year.



EMERGENCY CONTACT/AUTHORIZED PICK UP INFORMATION

Name: _____ Birth date: ____/____/____ Gender: M F
Last Name First Name DD/MM/YEAR

Address _____

Father's Name		Mother's Name	
Bus Phone	Cell Phone	Bus Phone	Cell Phone
E-Mail Address		E-Mail Address	
Place of employment		Place of employment	

I authorize the following people to pick up my child from the centre:

Contact: _____ Phone: _____
 Contact: _____ Phone: _____
 Contact: _____ Phone: _____

Is anyone **NOT** allowed to pick up this child? _____(Yes/No)

If YES, please specify _____(Notes to be completed by school)

Emergency Contact: _____

Doctor: _____

Dentist: _____

Vaccines up to date as per registration form: YES NO

Allergies/Medications/Disabilities _____

Date of enrolment ____/____/____
DD/MM/YEAR



CONSENT FORM

For My Child _____

It is our policy 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. Please sign the consent below so that we can take appropriate action on behalf of your child. We will take this signed consent with us to the emergency centre.

I authorize the staff or person(s) in charge of **INGLEWOOD PRESCHOOL SOCIETY** to call a physician; take my child to the nearest emergency centre; or summon an ambulance for emergency medical aid; should, in the opinion of the person(s) in attendance, feel such services are required and I cannot be contacted by phone. If such emergency should arise, I shall be notified as soon as possible. I agree that any cost incurred for such services shall be the sole responsibility of myself.

Parent/guardian signature

Date

Witness

Date



HEALTH

Does this child have any potentially life threatening condition(s) that may require emergency care?

Yes No

Please describe, noting special instructions and/or medications:

Does this child:

Comments:

Require medications at the preschool?	NO ___	YES ___	_____
Have any allergies?	NO ___	YES ___	_____
Have any known disabilities	NO ___	YES ___	_____
Have any known vision problems?	NO ___	YES ___	_____
Wear glasses/contacts?	NO ___	YES ___	_____
Have a diagnosed hearing loss?	NO ___	YES ___	_____
Have a history of chronic ear infections?	NO ___	YES ___	_____



IMMUNIZATION INFORMATION

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
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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 Signature	Printed Name
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Date



PERMISSIONS AND WAIVER

PERMISSION FOR PHOTOGRAPHS AND VIDEO RECORDING:

I give Inglewood Preschool Society consent to take photographs or video of my child _____
_____ for record keeping, public relations as well as for Inglewood Preschool
internal communications.

Parent/guardian signature: _____ Witness: _____ Date: _____

PRIVACY PERMISSIONS

I agree to allow Inglewood Preschool Society to distribute class lists with the following information to
the other families currently enrolled at Inglewood Preschool.

- Child's full name
- Parents' names
- Parents' cell phone numbers
- Parents' e-mail addresses

The information will be used solely for the purpose of communication between families and distributing
school communications.

Parent/guardian signature: _____ Witness: _____ Date: _____

AGREEMENT OF WAIVER:

In the case of injury to myself, children, relatives, friends of myself while on the school premises, including
playground and parking lot, I hereby waive all claims against the preschool in excess of public liability
insurance carried by the preschool.

Parent/guardian signature #1

Date

Parent/guardian signature #2

Date

Witness

Date