



REGISTRATION INFORMATION

PROGRAM DATES & FEES

- All camps run from Monday to Friday 9:15 am to 1:15 pm
- Weekly program fee: **\$180**

Please check which weeks you will be registering for:

- Week 1: July 8 – 12
- Week 2: July 15 – 19
- Week 3: July 29 – August 2
- Week 4: August 12 - 16

WAITLIST

Current program capacity is 16 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 in order if a vacancy becomes available and will be asked to register by a given date.

To secure your spot on the waiting list you will need to submit the required registration forms.

REGISTRATION

To register your child in summer camp at Inglewood, you will need to submit the following:

1. All registration forms, fully completed.
2. Payment of the weekly program fee for all weeks registered. This can be paid by cheque, made payable to "Inglewood Preschool" or by interac e-transfer to inglewoodpreschoolsociety@gmail.com.

CANCELLATION POLICY

We require a full 2 weeks notice for any cancellations and a full refund will be provided.



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 preschool:

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 _____ Care Card # _____

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:

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 __

Comments:



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: _____

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