

Last Name: _____ First Name: _____ 2019/2020

Hillview Preschool – New Child Registration

Date of Enrollment: _____

Child's Name: _____
Last name First name

Male/Female (circle)

Date of Birth: / ____/ ____ Day /Month / Year

Siblings: _____ M/F Age: ____
_____ M/F Age: ____
_____ M/F Age: ____

Are you Returning Hillview Members? Yes or No (circle)

Mother's Name: _____ **Father's Name:** _____

Address: _____ Address (if different): _____

Home phone: _____ Home phone: _____

Mobile phone: _____ Mobile phone: _____

e-Mail(s): _____ e-Mail(s): _____

Occupation: _____ Occupation: _____

Full time or Part time? _____ Full time or Part time? _____

Work phone: _____ Work phone: _____

Who should be contacted regarding preschool matters? Mother or Father (circle)

Emergency Contact Person & Pick-up Permission

Person(s) authorized to be contacted in case of an **EMERGENCY**: _____

Relationship to child: _____

Contact Phone Number(s): _____

Is there anyone **NOT LEGALLY** permitted to pick up your child? Yes or No

Name(s) and Relationship to child: _____

Authorization form for people you **WILL** permit to pick up your child regularly:

I, _____ (name of parent) hereby authorize the following person(s) to pick up my child, _____ from Hillview Parent Participation Preschool.

Name(s) and Relationship to child: _____

Classroom Parent Volunteer Duty - Optional

Classroom parent volunteer duty is an important (but optional) component of our program. In order to volunteer in the classroom, childcare licensing regulations require that you must complete the following three steps:

1. Complete the parent volunteer immunization status form (on this page)
2. Submit two personal references (next page)
3. Complete a Criminal Records Check through Hillview Parent Participation Preschool. This can now be done on-line, and procedures will be explained after registration has been confirmed.

Who will be attending as duty parent? (circle) Mother Father Both

Weekday(s) available for Duty: _____

Should someone other than the parent wish to volunteer in place of the parent, this person would be required to meet all Licensing Requirements, and must be approved by the Preschool Executive. Please speak to the enrollment coordinator if this is the case.

Parent Volunteer Immunization Status

Parent Name: _____

To the best of my knowledge:

- My immunizations are up to date/complete.
- My immunizations are unknown or incomplete.

Signature

Date

Personal Reference Form for Classroom Parent Volunteers

I _____ (reference person #1)

have known _____ (parent/caregiver)

since _____ (date) and have had the opportunity to witness her/him

interacting appropriately with children

Signature of Reference Person

Date



I _____ (reference person #2)

have known _____ (parent/caregiver)

since _____ (date) and have had the opportunity to witness her/him

interacting appropriately with children

Signature of Reference Person

Date

Enrolment Information

Please CIRCLE the days you wish your child to attend. We will try our best to accommodate your requests.

I would like my child to attend - Mon Tues Wed Thurs (from 9:15 am to 12:15 pm)

A non-refundable registration fee is due upon registration: \$85.00 [\$75.00 for Returning Member Families registering in January.] **Please submit along with this Registration Package.**

Tuition Fees: 2 days	\$200.00 monthly
3 days	\$250.00 monthly
4 days	\$300.00 monthly

September–Preschool Fee collection

At the September Annual General Meeting, please submit to the Treasurer:

1. One cheque to cover September & June fees (dependent on number of days your child attends, as per above). If your child withdraws from the preschool before June, the June tuition will be applied to the last month's tuition.
2. Post-dated cheques for October through May monthly tuition, dated the first of each month (dependent on number of days your child attends, as per above).
3. Each family owes \$300 in lieu of fundraising for the year. There may also be fundraisers held throughout the year to supplement the preschool's income that families are strongly encouraged to participate in as a community effort. There are 3 options for payment of the fundraising portion:

One \$300 cheque post-dated February 1, 2019

Two \$150 cheques post-dated February 1, 2019 & June 1, 2019

Ten \$30 cheques post-dated for 1st of each month

In the event of a mid-year withdrawal, fundraising owed will be pro-rated.

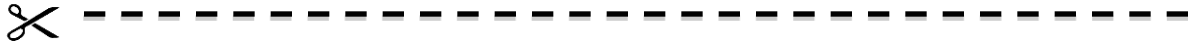
4. Meeting attendance cheque for \$50 post-dated June 1, 2019. This cheque will be returned to you if you participate in General Meetings, as per the Parent Agreement. If a family misses 3 general meetings, this cheque will be cashed and \$50 charged for each meeting missed thereafter. Note that families may be represented by any adult in the family and there is always the option to attend an executive meeting in lieu of a missed general meeting.

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5. Year-end clean-up cheque for \$50 post-dated for June 1, 2019. This cheque will be returned to you if you participate in the year-end cleanup. If you miss your cleaning shift, the cheque will be cashed.

Notes:

- Multiple child tuition policy: 2nd child is 20% tuition discounted.
- Cheques should be made payable to "Hillview Preschool"; please write in the memo the child's name and what it's for.
- For accounting purposes, cheques for multiple items cannot be combined.
- NSF cheque charge is \$20
- Notification of withdrawal must be made in writing one calendar month in advance, or one month's fees will be retained by the Preschool in lieu of notice.



This information will be given to the Treasurer with your registration cheque:

Parent's Names: _____

Address: _____

E-mail Address: _____

Phone Number: _____

Child's Name: _____ Birthdate: _____

**must be three years old by December 31st for September entry OR three years old by June 30 for January entry.*

Non-refundable registration fee submitted: \$_____

Developmental History & General Information

How would you describe your child’s behavior? (circle the words that are applicable)

- | | | | |
|------------|-----------|-------------|-------------|
| CALM | RESTLESS | IMPATIENT | COOPERATIVE |
| ACTIVE | OBSERVANT | PATIENT | |
| RESPONSIVE | SHY | ADVENTUROUS | |

OTHER: _____

Is there anything special about your child that the Teacher or Duty Parents should understand to meet his/her needs? (i.e., mood, characteristics, temperament, fears, anxieties, interests, etc.) _____

Does your child show a keen interest in a particular area - such as a sport, art, music, etc.?

Do you have first-hand knowledge of a different culture? (specify) _____

What is the first language spoken at home? _____

What other languages are used/spoken? _____

Are there any special cultural holidays you or your child would like to celebrate at school?

How does your child feel about starting preschool? (i.e., excited, anxious, etc.) _____

Do you think your child will feel comfortable leaving you? _____

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General Medical Information

Family Doctor: _____

Family Dentist: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Personal Health Number: _____

Does your child have any allergies? Yes or No (circle) Life threatening? Yes or No

If Yes, allergic to: _____

What (if any) medication will your child need at school? _____

Does your child have any chronic medical conditions? (i.e., diabetes, asthma, epilepsy, etc.)

If Yes, please describe: _____

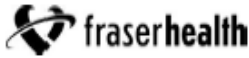
Do you have any other medical concerns or comments? _____

I will make sure to keep Hillview PPP informed of any health issue that may arise while my child is enrolled in the preschool, and to update the preschool with any other important information in regard to my child's health.

I authorize the staff at the preschool to call a medical practitioner or ambulance in the case of an accident or illness of my child, if a parent cannot be immediately reached by phone.

Date: _____

Signature of Parent: _____



COMMUNITY CARE FACILITIES LICENSING
**CHILD IMMUNIZATION
STATUS DECLARATION**

Community Care Facilities (that are licensed to provide care to children are required to have a copy of the Immunization Status on file for each child in care, in the event that an outbreak of a communicable disease should occur. This information will assist in identifying those that may require exclusion because they are not immunized.

This form has been provided to:

- Assist in identifying those children who are not fully immunized and
- Assist licensee's in meeting Section 57(2)(a) of the *Child Care Licensing Regulation*.

To be completed by Parent/Guardian:

Child's Name Date of Birth

Complete Immunization:

- Record on vaccinations attached
- Record on vaccinations unavailable

Received immunization in:

Year of last Vaccine City Province (if not in Canada, include country)

Incomplete Immunization:

- My child has had some vaccinations
- My child has no vaccinations
- I do not know

Parent's/Guardian's Printed Name Date

Parent's/Guardian's Signatures

Last Name: _____ First Name: _____

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Permission for Outings

I hereby give permission to Hillview PPP to take my child _____
on neighborhood field trips.

Date: _____

Signature of Parent: _____

Permission for Photographs

I hereby give permission to Hillview PPP to have photographs of my child _____
taken for the purposes of:

- General record keeping (preschool files, emergency kit)
- Preschool Annual Photo CD (option to purchase at year-end)
- Documentation (Member-only pages of website)
- Hillview Website (public website pages)
- PR/Marketing (pamphlets, e-posters, news articles)

Date: _____

Signature of Parent: _____

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Parent Interest Information

There are areas in a Parent Participation Preschool where the talents and resources of parents/guardians are invaluable. Please take a moment to complete this survey so that we are able to use the resources we have in the preschool in the best way possible.

Have you had any other Parent Participation Preschool Experience? Yes or No (circle)

Details: _____

Can you...

	Name: _____	Name: _____
Type/computer work		
Bookkeeping		
Bake		
Sew		
Drive or have a car		
Interest/skill in arts or crafts		
Musical Background		
Woodwork, metalwork, construction		
First Aid or Food Safe (current)		
Scrapbooking		
Plumbing		
Puppets		
Video or photography		
Filing and organizing		
Bike Repair		
Other:		
Other:		

Is your workplace suitable for:

Preschool field trip		
Photocopying		

Do you have any diplomas, certificates, or other evidence of training or skills relevant to experience with children? Please list, including Organization and Dates:

Do you have any resources that could be valuable – your waste could be our gold!

How did you learn about Hillview Preschool? _____

Preschool Job/Executive Portfolio Information
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Please make THREE job choices in order of preference (1, 2, and 3) and mark TWO choices of least desired jobs with an 'X'. (Job descriptions are in the Information Package found on our website.

Non-Executive Jobs

- | | |
|---|--|
| <input type="checkbox"/> Public Relations/Marketing | <input type="checkbox"/> Inventory/Earthquake supplies |
| <input type="checkbox"/> Scheduling | <input type="checkbox"/> Shopper |
| <input type="checkbox"/> Fundraising Assistant | <input type="checkbox"/> Laundry/Recycling |
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Field trip Coordinator | <input type="checkbox"/> Aquarium Keeper |
| <input type="checkbox"/> Scholastic Books | <input type="checkbox"/> Grants Writer |
| <input type="checkbox"/> Treasurer's Assistant | <input type="checkbox"/> Website |
| <input type="checkbox"/> Handyperson | |

Executive Positions (usually recommended for Returning Members)

- | | |
|--|---|
| <input type="checkbox"/> President (can be 2 members) | <input type="checkbox"/> Fundraising Chair
(usually 2 members) |
| <input type="checkbox"/> Vice-President | <input type="checkbox"/> Parent Education Chair |
| <input type="checkbox"/> Secretary | <input type="checkbox"/> Enrolment Chair |
| <input type="checkbox"/> Treasurer (usually 2 members) | |

Parent Agreement – Read and Sign Registration Package

I, the undersigned, will read carefully within thirty (30) days of entering the Preschool, the Constitution and By-Laws as well as the Policies and Procedures Manual of Hillview Preschool and agree to abide by them to the best of my ability.

I agree to submit all licensing requirements (e.g., doctor's letter and Parent Agreement) to the Enrolment Officer. I understand that neither my child nor I can participate in the classroom until the above requirements are completed.

I understand that attendance at General Meetings is mandatory. I undertake to attend and participate in all General Meetings or notify the President if an emergency arises and I am unable to attend. I understand that if two General Meetings are missed, the Executive Committee will review my membership in the Preschool and fine me \$50 for every other meeting missed. I agree to read the minutes of all General Meetings. I am willing to serve in some capacity in an executive or a non-executive position. I am willing to volunteer for up to 3 committees or extra duties during the school year. I understand that if I do not complete my duties for the job I am assigned, it will be brought to my attention by an executive member, in the event that I am still unable to complete my job duty after that discussion takes place, there will be a \$50 penalty for each additional time that an executive member needs to discuss the same thing with me.

I agree to assist in the supervision of the children, under the direction of the Supervisor, in the classroom on a periodic, regular basis, unless I have made alternative arrangements, which have been approved by the Executive Committee. I understand that in the classroom and on the playground, the Supervisor has overall responsibility for the program, teaching methods, discipline and health and safety measures and therefore when I am a duty parent; I am performing the role of the Supervisor's assistant. On the days on which I am to serve as duty parent, I will arrive 15 minutes before Preschool opening in order to set up and will stay at the end of the session until all cleanup is complete and all children have been picked up. If I cannot be present on my duty day, it is my responsibility to trade duty days with another member.

I understand that Hillview preschool relies heavily on fundraising in order to maintain low tuition fees and therefore agree to fully participate in fundraising events. I agree to actively participate in the preparation for the Silent Auction. I understand that membership attending the Silent Auction is important. I agree to assist in at least one monthly cleanup during the year as well as in the year-end cleanup.

I will be responsible for the care and transportation of my child to and from Preschool. I will make every effort to be prompt in bringing my child to Preschool, not before starting time, and in picking him/her up after Preschool closing. If I am late on more than 2 occasions, I understand there will be a penalty of \$25 after 15 minutes past scheduled pick up. I understand that my designate or I am responsible for entering the correct information on the sign-in sheet each day that my child is present in the classroom.

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I will not send my child to Preschool if there is any question of illness nor will I come myself if I am ill. If my child contracts a communicable disease, I will notify the Supervisor immediately. I will consult with my doctor and consider his/her recommendations regarding immunization of my child against communicable diseases. I understand that if my child is not immunized against a communicable disease (for which immunization is available), which has appeared in the class, I may be required to keep my child out of the classroom for the duration of the disease, for his/her own protection.

I authorize the Supervisor to carry out health inspections of my child if considered necessary, to send my child home accompanied by a responsible adult if he/she appears ill and in the case of an emergency, to call my family doctor or other qualified physician.

I will inform the Enrolment Officer if there are any changes to the medical records of my child. I will keep the Supervisor informed of any event or change of routine at home, which might affect my child's behavior. I will pay my child's tuition fees promptly by post-dated cheques, due at the first General Meeting or as arranged with the Treasurer.

If it becomes necessary to withdraw my child from Hillview Preschool, I will give one month's notice in writing to the Secretary or pay one month's tuition fee in lieu of notice. If I have questions about my child's progress or the program of the Preschool, I will direct them to the Supervisor. I understand that the Advisory Committee is available to assist with any questions or conflicts occurring within the Preschool as well as to ensure that the required government regulations are being met.

I agree to participate in projects designed to increase my understanding of the Preschool children and my capacity to assist the teacher.

Date: _____

Signature of Parent: _____