

# CHILD REGISTRATION PACKAGE

## Footprints for Learning Preschool Ltd.

Child's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_ / \_\_\_\_\_

Location (circle):        **SIERRA SPRINGS**    or    **KINGSHEIGHTS**

POLICY & PROCEDURES			
<b>Fee Policies</b>			
Fee & Late Payment Policy	Yes, I/we agree	NSF Fee Policy	Yes, I/we agree
Fee Payment Option Policy	Yes, I/we agree	Late Pick Up Policy	Yes, I/we agree
Required Notice- Termination of Care & Fee Increase	Yes, I/we agree	Registration Deposit	Yes, I/we agree
Vacation or Leave Policy	Yes, I/we agree	Subsidy	Yes, I/we agree
<b>Emergency Policies &amp; Procedures</b>			
Procedure for Court Ordered Un Authorized Pick Ups	Yes, I/we agree	Closure Policies & Procedures	Yes, I/we agree
		Emergency Evacuation Procedure	Yes, I/we agree
Accident/ Incident Reporting Policy	Yes, I/we agree	Emergency Weather Procedure	Yes, I/we agree
First Aid & Medical Policy	Yes, I/we agree	Lock Down Policy & Procedure	Yes, I/we agree
<b>Health Policies &amp; Procedures</b>			
Potential Health Risk & Communicable Disease Policy	Yes, I/we agree	Intoxication Policy	Yes, I/we agree
Accident & Illness Policy	Yes, I/we agree	Non-Smoking Policy	Yes, I/we agree
Administering Medication Policy	Yes, I/we agree	Hygiene & Cross-Contamination Policy	Yes, I/we agree
<b>Nutrition Program Policies &amp; Procedures</b>			
Nutritional Requirements	Yes, I/we agree	Dietary Restrictions	Yes, I/we agree
Parent Responsibilities	Yes, I/we agree		
<b>Parent Involvement Policies</b>			
Parent Communication	Yes, I/we agree	Social Media Policy	Yes, I/we agree
Drop Off & Pick Up Procedure	Yes, I/we agree	Questions, Concerns or Complaints	Yes, I/we agree
Removal Policy	Yes, I/we agree		
<b>Child Development Policies</b>			
Meeting the Developmental Needs of the Children	Yes, I/we agree	Documentation of Child Development Concerns	Yes, I/we agree
Physical Activity Policy	Yes, I/we agree	Diversity Inclusion Policy	Yes, I/we agree
Inclusive Policy	Yes, I/we agree		
<b>Child Behaviour Policies &amp; Procedures</b>			
Guiding Children's Behaviour	Yes, I/we agree	Anti- Bullying Policy	Yes, I/we agree
<b>Supervision Policy &amp; Procedures</b>			

Child Staff Ratios	Yes, I/we agree	Abuse & Sexual Harassment	Yes, I/we agree
Supervision Procedures	Yes, I/we agree		

I/we have read, understand and agree to the above policies and information contained within the Footprints for Learning Preschool Ltd. *Parent Registration Handbook*, a copy of which, I received by email. I/we have read all of the information and policies contained therein and agree to comply with them. I/we understand that failure to abide by the policies and information contained therein and within this *Parent Registration Package*, may result in the termination of my/our childcare at the centre, without notice or refund. I/we acknowledge that this *Child Registration Package* will be retained in my/our child's file at the preschool.

Parent/Guardian #1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian #2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*PLEASE SIGN & RETURN ALL PAGES OF THIS REGISTRATION PACKAGE.**

# FORMS & RELEASES

## Questionnaire

Child's Name: \_\_\_\_\_

- Is your child a returning student?             Yes  No  
     If yes, which location?             Kings Heights     Main Street     Sierra Springs
- Does your child have a sibling that currently attends or previously attended Footprints for Learning Preschool?             Yes  No  
     If yes, please provide sibling's name: \_\_\_\_\_
- Does your child have a sibling that attends Footprints for Learning Academy?     Yes  No  
     If yes, please provide sibling's name: \_\_\_\_\_
- Does your child attend Magic Mountain?     Yes  No

How did you hear about us? \_\_\_\_\_

## Enrollment & Multicultural Information

DATE: \_\_\_\_\_ PROPOSED START DATE: \_\_\_\_\_

			DROP OFF TIME: PICK UP TIME:
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CHILD'S LEGAL NAME:		BIRTHDATE:	AGE OF CHILD ON START DATE:
GENDER: MALE    FEMALE	LANGUAGE SPOKEN AT HOME:	NAME CHILD CALLED AT HOME:	
MOTHER/GUARDIAN:		FATHER/GUARDIAN:	
HAS YOUR CHILD HAD OTHER CHILDCARE OR PRESCHOOL EXPERIENCES: YES / NO		IF YES, PLEASE DESCRIBE:	
SIBLINGS			
Name			
Age of Sibling			
PETS			
Name			
Kind of Pet			

Interests, skills, hobbies:		
Please indicate here how you feel your child is doing in these developmental areas.	Social	
	Physical	
	Intellectual	
	Creative	
	Emotional	
	Self-Confidence	
Please indicate any developmental delays, behavioural issues or any other concerns that we need to be aware of:		Continue on back if needed.
Please indicate your expectations regarding your child's care and experiences at Preschool:		Continue on back if needed
Please provide us with any insight into your family and cultural background, which may be helpful for us to know, in order to provide your child with the best of care.		Continue on back if needed
What is your child's current daily routine (please include feeding and nap times):		Continue on back if needed

## Additional Medical Information

Name of Child:		
AHC #:		
Name of Doctor:		Phone:
Address of Doctor:		
<b>CHILD'S MEDICAL HISTORY AND INFORMATION</b>		
Has your child had:  <input type="checkbox"/> Mumps <input type="checkbox"/> Measles <input type="checkbox"/> Chicken Pox <input type="checkbox"/> Croup	<input type="checkbox"/> Pneumonia <input type="checkbox"/> Bronchitis <input type="checkbox"/> Asthma <input type="checkbox"/> Tonsillitis <input type="checkbox"/> Appendicitis	<input type="checkbox"/> Stitches <input type="checkbox"/> Surgery <input type="checkbox"/> Chronic Ear Aches <input type="checkbox"/> Fractures <input type="checkbox"/> Seizures
<input type="checkbox"/> Other (Please Indicate)		
Are you immunizing your child? Yes No		If yes, are they up to date? Yes No
Please indicate details of surgery, fractures or any other hospitalization or medical history that you feel we should be made aware of:		

## Photo Use Consent

I/we give permission for photographs of \_\_\_\_\_ to be taken and used by **Footprints for Learning Preschool Ltd.** for the following purposes (please initial all that apply).

- Internal publications (posters, newsletters, bulletin boards). In house use only.
- External publications (newspapers, television, promotional posters, pamphlets, preschool website).

I have read and understood this Photo Use Consent Form.

Printed name of Parent/Guardian	Signature of Parent/Guardian	Date Signed
Printed name of Parent/Guardian	Signature of Parent/Guardian	Date Signed

## Emergency Care Permission & Release Form

I/We give permission for **Footprints for Learning Preschool Ltd.** to provide emergency child first aid care to my child:

\_\_\_\_\_ (Full name of child must be indicated here)

in case of accident or illness or incident and agree to release **Footprints for Learning Preschool Ltd.** and it's staff from liability and cost for any circumstances arising from providing emergency child first aid that is not due to gross negligence on the part of any staff member. I/We understand that I/we will be informed immediately and that I/we will receive a complete report regarding the incident.

\_\_\_\_\_ Printed name of Parent/Guardian

\_\_\_\_\_ Signature of Parent/Guardian

\_\_\_\_\_ Date Signed

\_\_\_\_\_ Printed name of Parent/Guardian

\_\_\_\_\_ Signature of Parent/Guardian

\_\_\_\_\_ Date Signed

## Transportation & Medication at Clinic or Hospital Permission Form

I/We give permission for **Footprints for Learning Preschool Ltd.** to call an ambulance to transport my child:

\_\_\_\_\_ (Full name of child must be indicated here)

to the nearest medical clinic or hospital for the treatment of and to receive medication for injury caused by accident or an incident or due to illness. I agree to release **Footprints for Learning Preschool Ltd.** and it's staff from liability and cost for any circumstance arising from the cost of transporting my child by ambulance. I/We understand that I/we will be immediately and that I/we will receive a complete report regarding the incident.

\_\_\_\_\_ Printed name of Parent/Guardian

\_\_\_\_\_ Signature of Parent/Guardian

\_\_\_\_\_ Date Signed

\_\_\_\_\_ Printed name of Parent/Guardian

\_\_\_\_\_ Signature of Parent/Guardian

\_\_\_\_\_ Date Signed

## Activity Permission & Release Form

I/We give permission for: \_\_\_\_\_  
(Full name of child)

to participate in and use all the playground equipment and play yards, as well as participate in all activities of the Centre. In addition, I give permission for my child to participate in all off-site activities where they are able to walk, including staff supervised walks in the neighborhood, within 1 km of the Preschool (maps will be posted on the parent board), play at an age-appropriate neighborhood park etc. and agree to release **Footprints for Learning Preschool Ltd.** and its staff from liability for any illness or accident occurring during this time which is not a result of gross negligence on their part. This does not apply to Field Trips. Separate permission forms will be provided prior to a field trip.

I have read and understood this Off Site Activity Permission and Release form.

_____	_____	_____
Printed name of Parent/Guardian	Signature of Parent/Guardian	Date Signed

_____	_____	_____
Printed name of Parent/Guardian	Signature of Parent/Guardian	Date Signed

## Sunscreen & Bug Spray Permission

I/We give permission for the staff of the preschool to apply sunscreen and bug spray to my child  
\_\_\_\_\_ as they feel is necessary.  
(Full Name of Child)

I also acknowledge and agree that I will apply sunscreen/bug spray (when applicable) before I drop off in the morning and that I will bring in these items, labeled with my child's first and last name, for use at preschool.

_____	_____	_____
Printed name of Parent/Guardian	Signature of Parent/Guardian	Date Signed

_____	_____	_____
Printed name of Parent/Guardian	Signature of Parent/Guardian	Date Signed

## Nipissing & Preschool Permission & Release

At our childcare centre we strive to ensure your child is developing to his/her full potential and to ensure they are meeting their developmental milestones. We provide a preschool program for our Toddler to Kindergarten aged children and we use a Progress Report and the Nipissing Developmental Checklist as an easy to use method of recording and reporting to parents the development and progress of each child. In October, February and June, progress reports are sent home for all children to update the parents on how their child is doing in developmentally and in our preschool programs. Similarly, when a child starts at the preschool and then around their birthday each year, a Nipissing Developmental Screen Checklist is sent home to update the parents on how their child is progressing developmentally. If a concern is identified on the Nipissing Developmental Screen Checklist, parents and staff work together to help the child meet their developmental milestone. At this time a report is sent home monthly to monitor the child's progress (until the milestone is met).

The areas covered by the checklist and progress report include communication, gross and fine motor, cognitive, social, emotional and self help skills. Parents should check the monthly newsletter for activities related to the checklists and preschool program.



Please sign the following:

1. I am aware of and give permission for my child to participate in the preschool provided by **Footprints for Learning Preschool Ltd.** I give **Footprints for Learning Preschool Ltd.** permission to use the Nipissing Developmental Checklists and Preschool Progress Reports to assess my child's development.

\_\_\_\_\_

Printed name of Parent/Guardian

\_\_\_\_\_

Signature of Parent/Guardian

\_\_\_\_\_

Date Signed

\_\_\_\_\_

Printed name of Parent/Guardian

\_\_\_\_\_

Signature of Parent/Guardian

\_\_\_\_\_

Date Signed



## Consent for Release of Information

1. It is the right of the parent or legal guardian to determine what information can be shared and with whom.
2. Consent acknowledges the parent or legal guardian has the authority to grant permission for the sharing of relevant information with another party regarding their child for an identified purpose.
3. It is the right of the parent or legal guardian to cancel their consent for the release of information at any time. This cancellation request should be confirmed in writing.
4. Parents and legal guardians should be aware that limiting access to pertinent information can make it difficult to meet a child's individual needs.

I/We \_\_\_\_\_  
 (Please print name of parent or legal guardian)

Please fill in **Part 1** in respect to: \_\_\_\_\_  
 (Please print name of child)

**Part 1: (To be completed by parents or guardians who have children receiving services from outside agencies)**

Hereby consent to the release of information to the following: (check only those that apply)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Psychiatrist    | <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Speech-Language Pathologist |
| <input type="checkbox"/> Psychologist    | <input type="checkbox"/> Medical Personnel      | <input type="checkbox"/> Psychiatrist                |
| <input type="checkbox"/> Physiotherapist | <input type="checkbox"/> Social Worker          | <input type="checkbox"/> Other: _____                |

- For the purpose of:
- |   |  |
|---|--|
| <input type="checkbox"/> Educational Planning | <input type="checkbox"/> Service Planning  |
| <input type="checkbox"/> Service Coordination | <input type="checkbox"/> Service Provision |
| <input type="checkbox"/> Other: _____         |  |

Special Instructions/Restrictions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Printed name of Parent/Guardian	Signature of Parent/Guardian	Date Signed
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Printed name of Parent/Guardian	Signature of Parent/Guardian	Date Signed
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### PRE- AUTHORIZED DEBIT AGREEMENT (PAD)

Please complete this form to begin making Pre-Authorized Debits (PAD) to **Footprints for Learning Preschool Ltd.**

**Centre Information:**

Centre Name:
Address:

**Parent/Guardian Information:**

Parent or Guardian First/Last Name(s):		
Child(ren) First/Last Name(s):		
Address:		
City:	Province:	Postal:
Telephone:		

<b>Please attach a VOID check <u>or</u> fill in the information below:</b>	
Name of Bank and Address Branch:	
Account Number:	
Transit (Branch) Number:	Financial Institution (Bank) Number:

I/We authorize **Footprints for Learning Preschool Ltd.** to charge my balance owing each month to my/our bank account. Upon a change in childcare rates **Footprints for Learning Preschool Ltd.** is authorized to change the amount of the monthly payment by giving the parent 10 days written notice of the change in rates. Failure on the part of the parent to advise in writing of his/her disagreement with the change in the amount within 10 days shall be deemed to be full acceptance of such change.

I/We agree to notify **Footprints for Learning Preschool Ltd.** in writing within 30 days of any change to bank account information. All authorized charges will be made on the first of each month. Should any bank payments not clear or are not honored by the parents/guardians financial institution for any reason, authorization is hereby given to **Footprints for Learning Preschool Ltd.** to collect the amount refused or dishonored plus a \$40 non-sufficient fund (NSF) fee.

This authorization may be canceled at any time upon written notice, to **Footprints for Learning Preschool Ltd.** subject to providing 30 days' notice. For more information on my right to cancel a PAD agreement, I/We may contact my/our financial institution or visit [www.cndpay.com](http://www.cndpay.com)

Date:	Signature:	Signature:
	Printed Name:	Printed Name:

*Note: For a joint account, all depositors must sign, if more than one signature is required on cheques issued.*