



**For Administration Use Only:**  
Enrolment is complete only when the following items are received:

- \*Non-Refundable Registration Fee
- \*Series of Post-dated cheques
- \*Dates of Immunizations
- \*3 E- cards (both sides completed)
- \*3 photos of child
- \*Care Plan (if extra support needed)
- \*Registration form completed in full

## Registration Form

Please provide **three** photos of your child upon registration; one will be kept on file, and the others will be cut and laminated for a cubby label and a sign-in card....head shots are great! Thank you very much!

\*\*\*\*\*

Child's Starting Date:

Child's Ending Date:

Date of Birth:

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Year Month Day

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Year Month Day

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Year Month Day

Name of Child: \_\_\_\_\_  
Surname Given Name Middle Name

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address for Monthly Newsletters: \_\_\_\_\_

Person(s) With Whom Child Lives: \_\_\_\_\_

Parent/Guardian:

Mother: Name: \_\_\_\_\_ Place of Work: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father: Name: \_\_\_\_\_ Place of Work: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contacts:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Emergency Contacts (continued):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Hm Phone: \_\_\_\_\_

Wk Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Hm Phone: \_\_\_\_\_

Wk Phone: \_\_\_\_\_

Off Island Emergency Contact:

Wk Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Hm Phone: \_\_\_\_\_

Persons Authorized To Pick Up Your Child (with proof of identity through Photo ID):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Hm Phone: \_\_\_\_\_

Wk Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Hm Phone: \_\_\_\_\_

Wk Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Hm Phone: \_\_\_\_\_

Wk Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Hm Phone: \_\_\_\_\_

Wk Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Hm Phone: \_\_\_\_\_

Wk Phone: \_\_\_\_\_

Persons NOT Permitted Access to Your Child: It is imperative that we are aware of any possibility of a person/persons trying to gain access to your child while in our care; please list their names below.

\*\*Please provide pertinent judicial paperwork to support this claim if a biological parent is not permitted access.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name of Child's **Doctor:** \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Child's **Dentist:** \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

BC Medical Number/MSP: \_\_\_\_\_

Does your child have any health conditions that we should be aware of?

Condition: \_\_\_\_\_ Please be specific.

Allergies? \_\_\_\_\_

Diet? \_\_\_\_\_

Hearing? \_\_\_\_\_

Medication? \_\_\_\_\_

Speech? \_\_\_\_\_

Child's Health Conditions (con't):

Vision? \_\_\_\_\_

Other? \_\_\_\_\_

Please list communicable diseases child has had: \_\_\_\_\_

\_\_\_\_\_

Has your child had previous experience away from home? \_\_\_\_\_

\_\_\_\_\_

Names and ages of siblings: \_\_\_\_\_

\*\*\*Please supply us with any other information that we need to be aware of to best support your child in his/her new preschool experience? (e.g. Temperament, home situation, religious or ethnic observances, separation anxiety etc?) All of your child's family information is strictly confidential at Parachute Express Playschool.



## Consent Forms

### Parental Consent:

By completing and signing this form you are agreeing to the terms and policies as outlined in the Parent Handbook. Consenting to these terms and policies creates a binding contract of agreement between the signing party and the licensee/owner of Parachute Express Playschool Ltd.

Date: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Licensee/Owner \_\_\_\_\_  
Signature:

### Enrollment Information:

I agree to update any necessary enrollment information immediately upon change, and understand that it is my responsibility as the parent to inform the teachers of Parachute Express Playschool of any changes within this form. Parachute Express Playschool will not be held liable for any information that is withheld, omitted or out of date.

Date: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_

### Photograph Permission:

Please sign your consent to have your child photographed at Parachute Express for in-school bulletin boards/displays and art projects.

Date: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

If you do not wish your child to be photographed regardless of the circumstance please indicate that here: \_\_\_\_\_

### Field Trip Permission:

Children at Parachute Express Playschool may be involved in a field trip during the year within the Sidney area. Advance notice of all field trips will be communicated to parents through a newsletter in advance of the proposed trip. Parents are encouraged and most welcome to attend these trips with their child. Parent vehicles are commonly used as field trip transportation, and must meet certain criteria in order to transport our children (must be in good repair, proper seat belts, minimum \$1 million liability coverage, valid BC driver's license, clean driving abstract). Each parent is responsible for supplying an appropriate car seat/booster seat for their child.

We require your permission for your child to be included on these trips.

Date: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

## Getting To Know Your Child



1. What is your child's biggest fear? \_\_\_\_\_  
\_\_\_\_\_
2. What is your child's favorite type of play? \_\_\_\_\_
3. Who is your child's best friend? \_\_\_\_\_
4. What is your child's most prized possession? \_\_\_\_\_
5. What foods does your child dislike? \_\_\_\_\_
6. What are your child's favorite foods? \_\_\_\_\_
7. What makes your child angry? \_\_\_\_\_  
\_\_\_\_\_
8. How does your child express anger? \_\_\_\_\_  
\_\_\_\_\_
9. What embarrasses your child most? \_\_\_\_\_  
\_\_\_\_\_
10. What method of guidance do you use? \_\_\_\_\_  
\_\_\_\_\_
11. What do you find most difficult about your child? \_\_\_\_\_  
\_\_\_\_\_
12. What do you find most enjoyable about your child? \_\_\_\_\_  
\_\_\_\_\_
13. What do you want your child to gain at Parachute Express Playschool?  
\_\_\_\_\_
14. Please feel free to contribute further advice, ideas and concerns about your child, as parental input and involvement is of utmost importance to us! (on back)



**IMMUNIZATIONS**

**BASIC SCHEDULE AND RECORD OF IMMUNIZATION AS  
SUBMITTED BY PARENT/GUARDIAN  
(ATTACH IMMUNIZATION RECORD - OR RECORD THE DATES)**

First Visit – two months of age: / /	Fourth Visit – 12 months of age: / /
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Measles
<input type="checkbox"/> Pertussis	<input type="checkbox"/> Mumps
<input type="checkbox"/> Tetanus	<input type="checkbox"/> Rubella
<input type="checkbox"/> Polio	<input type="checkbox"/> Meningococcal C Conjugate
<input type="checkbox"/> Haemophilus Influenza Type b (hib)	<input type="checkbox"/> Varicella (chicken pox)
<input type="checkbox"/> Hepatitis B	
<input type="checkbox"/> Pneumococcal Conjugate	Fifth Visit – 12 months after third visit: / /
<input type="checkbox"/> Meningococcal C Conjugate	<input type="checkbox"/> Diphtheria
	<input type="checkbox"/> Pertussis
Second Visit – two months after first visit: / /	<input type="checkbox"/> Tetanus
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Polio
<input type="checkbox"/> Pertussis	<input type="checkbox"/> Haemophilus Influenza Type b (hib)
<input type="checkbox"/> Tetanus	<input type="checkbox"/> Measles, Mumps, Rubella
<input type="checkbox"/> Polio	<input type="checkbox"/> Pneumococcal Conjugate
<input type="checkbox"/> Haemophilus Influenza Type b (hib)	
<input type="checkbox"/> Hepatitis B	4 to 6 years of age: / /
<input type="checkbox"/> Pneumococcal Conjugate	<input type="checkbox"/> Diphtheria
	<input type="checkbox"/> Pertussis
Third Visit – two months after second visit: / /	<input type="checkbox"/> Tetanus
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Polio
<input type="checkbox"/> Pertussis	<input type="checkbox"/> Varicella (chicken pox)
<input type="checkbox"/> Tetanus	
<input type="checkbox"/> Polio	<b>Other Immunizations:</b>
<input type="checkbox"/> Haemophilus Influenza Type b (hib)	YYYY / MM / DD
<input type="checkbox"/> Hepatitis B	YYYY / MM / DD
<input type="checkbox"/> Pneumococcal Conjugate	YYYY / MM / DD

