



Registration Package

Welcome to Parachute Express Playschool Ltd. We recognize what a privilege it is to have your unique little one in our cozy wee community and we look forward to building a connection with your family.

Your child's space at Parachute Express Playschool is being held in your program of choice for seven (7) days. This package includes everything that you will need to register your child. If this package is not received within seven (7) days your space will be made available to another family.

To complete your child's registration in your chosen program we require the following items as outlined below. Please note that your child's first day will be delayed if these items are not received in full.

Items Required	Please check when complete:
Registration Form completed with all signatures	
Immunization Records photocopied OR form completed WITH DATES	
Three (3) CURRENT photos of your child	
Consent Page Signed from Family Handbook	
Non-Refundable Registration Fee of \$35 paid	
Three Emergency Cards completed	
Care Plan attached (if required)	
Copy of Custody Papers (if required)	
Post-Dated Cheques	

Emergency Contacts:

#1: Name: _____ Relationship: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

#2: Name: _____ Relationship: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

#3: Name: _____ Relationship: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Off Island Emergency Contact:

Name: _____ Relationship: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Persons Authorized To Pick Up Your Child (with Photo ID):

#1: Name: _____ Relationship: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

#2: Name: _____ Relationship: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

#3: Name: _____ Relationship: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

#4: Name: _____ Relationship: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

#5: Name: _____ Relationship: _____ Home Phone: _____

Work Phone: _____ Cell 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 copy of Custody Agreement to support this claim if a biological parent is not permitted access.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Health Information:

Name of Child's **Doctor:** _____ Phone: _____

Address: _____

Name of Child's **Dentist:** _____ Phone: _____

Address: _____

BC Medical Services Number: _____

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

Condition: _____ Please be specific.

Allergies: _____

Severity of reaction: _____

Does your child use an epi-pen or inhaler? _____

Diet: _____

Hearing: _____

Medication: _____

Speech: _____

Vision: _____

Other: _____

Please list communicable diseases child has had:

Has your child had previous experience away from home or in a group setting? _____

Names and ages of siblings: _____

***Please share any other information that will help us to best support your child in his/her new preschool experience. Please share any concerns you may have about your child's development (behavior, speech etc), home situation, religious or ethnic observances, separation anxiety etc. Please know that all of your child's family information is strictly confidential at Parachute Express Playschool.

Parent/Guardian Consent:

By completing this registration form and signing below you are agreeing to the terms and policies as outlined in the Family 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: _____ Signature of Licensee/Manager: _____

Parent/Guardian Consent Forms:

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, newsletters emailed to our families 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/North Saanich area. Advance notice of all field trips will be communicated to parents through a newsletter in advance of the proposed trip. 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. At what stage is your child in toilet learning? _____

4. How does your child react when left with unfamiliar people or in unfamiliar situations?

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 challenging 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?

Please feel free to contribute further advice, ideas and concerns about your child, as parental input and involvement is of utmost importance to us!



Emergency Consent Form for Parachute Express Playschool Ltd:

It is the policy of Parachute Express Playschool Ltd. to notify a parent when a child is ill or needs medical attention. If we cannot contact parents and we need to get immediate help for the child, our procedure is to take the child to the nearest emergency service (Saanich Peninsula Hospital). Please sign the consent below so that we can take appropriate action on behalf of your child. This is the consent form that we would take with us to the emergency center.

I hereby give consent for my child, _____, when ill or needing medical attention, to be taken to the nearest emergency center by the educators at Parachute Express Playschool Ltd.

I hereby give consent for my child, _____, to be transported by ambulance to the nearest emergency center.

Date: _____

Parent/Guardian Name (printed): _____

Parent/Guardian Signature: _____

Basic Schedule and Record of Immunization as submitted by Parent or Guardian

(Please ATTACH COPY OF IMMUNIZATION RECORD OR RECORD THE DATES BELOW)

Date (yy/mm/dd)	Date (yy/mm/dd)
<p>1st visit – 2 months of age:</p> <p><input type="checkbox"/> Diphtheria _____</p> <p><input type="checkbox"/> Pertussis _____</p> <p><input type="checkbox"/> Tetanus _____</p> <p><input type="checkbox"/> Polio _____</p> <p><input type="checkbox"/> Haemophilus Influenzae Type b (Hib) _____</p> <p><input type="checkbox"/> Hepatitis B _____</p> <p><input type="checkbox"/> Pneumococcal _____</p> <p>2nd visit – 2 months after 1st visit:</p> <p><input type="checkbox"/> Diphtheria _____</p> <p><input type="checkbox"/> Pertussis _____</p> <p><input type="checkbox"/> Tetanus _____</p> <p><input type="checkbox"/> Polio _____</p> <p><input type="checkbox"/> Haemophilus Influenzae Type b (Hib) _____</p> <p><input type="checkbox"/> Hepatitis B _____</p> <p><input type="checkbox"/> Pneumococcal _____</p> <p>3rd visit – 2 months after 2nd visit:</p> <p><input type="checkbox"/> Diphtheria _____</p> <p><input type="checkbox"/> Pertussis _____</p> <p><input type="checkbox"/> Tetanus _____</p> <p><input type="checkbox"/> Polio _____</p> <p><input type="checkbox"/> Haemophilus Influenzae Type b (Hib) _____</p> <p><input type="checkbox"/> Hepatitis B _____</p> <p><input type="checkbox"/> Pneumococcal _____</p>	<p>4th visit – 12 months of age:</p> <p><input type="checkbox"/> Measles _____</p> <p><input type="checkbox"/> Mumps _____</p> <p><input type="checkbox"/> Rubella _____</p> <p><input type="checkbox"/> Meningococcal C _____</p> <p>5th visit – 12 months after 3rd visit:</p> <p><input type="checkbox"/> Diphtheria _____</p> <p><input type="checkbox"/> Pertussis _____</p> <p><input type="checkbox"/> Tetanus _____</p> <p><input type="checkbox"/> Polio _____</p> <p><input type="checkbox"/> Haemophilus Influenzae Type b (Hib) _____</p> <p><input type="checkbox"/> Measles, Mumps, Rubella _____</p> <p><input type="checkbox"/> Pneumococcal _____</p> <p>4 – 6 years of age:</p> <p><input type="checkbox"/> Diphtheria _____</p> <p><input type="checkbox"/> Pertussis _____</p> <p><input type="checkbox"/> Tetanus _____</p> <p><input type="checkbox"/> Polio _____</p> <p>Other Immunizations:</p> <p>_____</p> <p>_____</p> <p>_____</p>

If your child is not immunized, please indicate that here by signing below:

Date: _____ Signature: _____