

Starlight Christian Nursery School Inc.

Registration Form 2020-2021

Sept.10, 2021 to Dec.15, 2021;

Jan. 3/22 to March 23/22; April 4, 2022 to June 8, 2022

| Class Choices | | |
|--|--|---|
| <input type="checkbox"/> 3 year olds Tuesday/Thursday mornings (9:00-11:15 am) \$72/month-reviewed annually Sept 1st | <input type="checkbox"/> 4 year olds AM Mon/Wed/Fri mornings (9:00-12:00 pm) \$108/month-reviewed annually Sept 1st | <input type="checkbox"/> 4 year olds PM Mon/Wed/Fri afternoons (1:00-3:15 pm) \$108/month-reviewed annually Sept 1st |
| Student Information | | Medical Information |
| Name: | | Family Doctor: |
| Address: | | Phone Number: |
| Postal Code: | | Allergies: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Life Threatening |
| Home phone: | | Specify: |
| Birthdate (DD/MM/YY): | | <input type="checkbox"/> Requires Epi-Pen <input type="checkbox"/> Has Asthma <input type="checkbox"/> Requires Inhaler |
| <input type="checkbox"/> Male <input type="checkbox"/> Female | | Medical form filled out: |
| 6 Digit Health Id: (mandatory) | | URIS: |
| 9 Digit Health Id: (mandatory) | | <input type="checkbox"/> Immunizations up to date |
| I give permission for my child, in the case of emergency, to receive medical procedures deemed necessary by my physician or any other physician. I understand that this will only happen after all attempts have been made to contact the parents and/or guardians as listed here. If an ambulance is required, I understand my child will be transported to whichever hospital the ambulance service is directed to. I agree to be responsible for any charges incurred for transportation of my child. | | |
| Signature of Parent / Guardian: X | | |
| Parent Information | | Emergency Contact |
| Mother's Name: | | In the event of an emergency and we are unable to contact you after 15 minutes, or sooner depending on the emergency, one of the following individuals other than yourselves will be contacted and the nursery school will release the child into their care if necessary. |
| Address: | | |
| email: | | |
| Cell Phone: | Work Phone: | |
| Work Address: | | Contact #1 |
| Postal Code: | | Name: |
| Father's Name: | | Relation to Child: |
| Address: | | Home Phone: Cell Phone: |
| email: | | Contact #2 |
| Cell Phone: Work Phone: | | Name: |
| Work Address: | | Relation to Child: |
| Postal Code: | | Home Phone: Cell Phone: |
| People authorized to pick up my child (Photo ID will be req'd) | | People who may NOT pick up my child |
| 1 | | 1 |
| 2 | | 2 |
| 3 | | 3 |
| In order for Registration to be complete, the following payments <u>must</u> accompany the registration form: <input type="checkbox"/> \$40 School Improvement fee to Reserve spot (you will be given a tax-deductible receipt)current date (non-refundable) <input type="checkbox"/> First and last monthly payments of school(\$144 for 3 Year Olds) or (\$216 for 4 Year Olds)-non-refundable (dated Sept. 1st) | | |
| Payment Options: (TOTAL COSTS FOR THE YEAR- 4yr: \$1080; and 3yr: \$720) After registration approved: Please choose one of the options. 1. Make <u>one payment</u> : Pay for the entire year in October. (\$864 - 4 year olds) (\$576- 3 year olds) 2. Make 4 bimonthly payments: First one in October, then Dec, Feb, and lastly April (due the 1st of every month). 3. Make 8 <u>monthly payments</u> : Oct, Nov, Dec, Jan, Feb, Mar, Apr (due the 1st of every month). PAYMENTS MUST BE HANDED IN BY OCT 1 IN THE FORM OF POST-DATED CHEQUES OR E-TRANSFERS - NO CASH!! | | |

General Information

| | |
|---|--|
| Is your child toilet trained? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Does your child have any siblings? <input type="checkbox"/> Yes <input type="checkbox"/> No What are their names and ages? | |
| Are the parents living together? <input type="checkbox"/> Yes <input type="checkbox"/> No Child lives with Mother Father Other (specify) | |
| If applicable, are there any separation agreements, court orders or other documents setting out custody arrangements for the child <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please provide documents to be photocopied. | |
| Are you aware that the Nursery School cannot ask the Police to enforce custody arrangements if documents are not provided? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Language spoken at home: | |
| Has your child attended preschool before? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, where? | |
| Child's favorite activities: | |
| Child's strong dislikes/fears: | |
| Are there any physical, emotional, developmental, behavioral, or speech challenges that we may assist your child with? | |
| What is the best approach to help calm & comfort your child if they become overly excited, anxious, upset or frustrated? | |
| Is there any other information you would like to share about your child? | |
| What goal do you have for your child while attending our program? | |
| Does your child attend church? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, where? | |
| How did you hear about Starlight? <input type="checkbox"/> Street sign <input type="checkbox"/> Print Advertisement <input type="checkbox"/> Internet <input type="checkbox"/> Friend/Family <input type="checkbox"/> Other, please specify: | I chose Starlight because: <hr/> I would be interested in volunteering <input type="checkbox"/> Yes <input type="checkbox"/> No I would be interested in a position on the Board of Directors <input type="checkbox"/> Yes <input type="checkbox"/> No |

Authorizations: Please check each one off

- ☐ I **agree** to give the nursery school 30 days written notice before withdrawing my child. If notification is not given, tuition for the following month will not be refunded.
- ☐ I **understand** that there are no refunds given for a child's absence or for holidays.
- ☐ I **agree** to pay a late pickup fee charge of \$5.00 for every 5 minutes (or portion thereof) when I am late to pick up my child. More than 3 late pickups can result in termination (no refunds)
- ☐ I **understand** that any cheques that are NSF will have a \$25 charge. Also late payments will have a \$20 late charge.
- ☐ I **will keep** the teacher **informed** of any event or change of routine at home which affects my child's behaviour.
- ☐ I **will notify** the nursery school immediately if there are any changes to my child's medical information or emergency contact information.

- ☐ I **will not send** my child to nursery school if he/she is sick and has any obvious symptoms of a contagious condition such as: fever, coughing, vomiting, diarrhea, pink eye, lethargic, runny nose, ear infection, skin rash, strep throat, etc. within 24 hours.
- ☐ I **agree** to follow any food restrictions made by the nursery school due to allergies.
- ☐ I **understand** that the nursery staff will monitor children's snacks, however, they will **not** be held responsible if an allergic child does come into contact with an allergen.
- ☐ I **agree** to **call** the nursery school when my child is sick.
- ☐ During a medical emergency I **authorize** medical treatment to be given to my child, including administration of medication such as an inhaler for asthma or an epipen for anaphylaxis, by nursery school staff.
- ☐ I **agree** that the nursery school may take photographs and videos of my child during the course of the year, for school use, such as making gifts for parents or used in promoting the nursery school through their web site.
- ☐ I **agree** that the nursery school may take photographs and videos of my child during the course of the year, to be posted on our Facebook Page (public).

- ☐ I **give permission** for the staff to indirectly supervise my child in the bathrooms during class.

- ☐ I **give permission** for my child to participate in walking trips (such as the park or library) and outdoor activities around the nursery school under the supervision of the nursery school staff if weather permits.
- ☐ I recognize that I **am responsible** for transporting my child on field trips and supervising them whenever I am present. This includes special events such the Christmas concert.
- ☐ I understand that **signing my child in and out** is mandatory, and that I am required to communicate with staff so that they are fully aware when my child has become their responsibility
- ☐ I **give permission** to nursery school staff to assist my child when necessary in the washroom during teaching sessions.
- ☐ I have **read and agreed to comply** with the **Code of Conduct Policy, Electronic Use Policy, and Child Guidance Policy** of Starlight Christian Nursery School as stated in the Parent Handbook located on our website.
- ☐ I **understand** that if I do not follow Starlight Christian Nursery School's policies, my child's enrollment may be terminated.

All of the information in this registration form is correct, and I have read the Parent Handbook which is located on the nursery school website at www.starlightchristiannursery.ca

Parent Signature _____ Date _____

Parent Signature _____ Date _____