Registration/Enrollment Package

Thank you for choosing Beyond Our Dreams Preschool. We look forward to working with your family as your child grows and develops. Please note that we have requested the information required to follow the guidelines laid out by the Ministry of Education. **Your child's spot is confirmed upon submission of the registration package, the non-refundable first month's fees and last month's fee deposit.**

Fees for the 2020-2021 school year:

Half-day Kindergarten (9:00AM to 12:00PM, Monday to Friday) or Full-day Kindergarten (9:00AM to 2:55 PM, Monday to Friday.)

Fees are due on the first day of each month. Please submit by e-transfer at christine@beyondourdreams.ca. Refunds are not given for illness or absence. Income tax receipts will be issued in January of each year. A $25.00 fee will be applied for any cheques returned NSF.

Indicate which program you would like to enroll your child:

☐ Full-Day Kindergarten ($42.00 per day)

☐ Half-Day Kindergarten ($21.00 per day)

Please include the following in your submitted registration package:

☐ Completed Registration Forms	☐ Immunization Record
☐ First Month's Fee	☐ Admission Date: ______________________
☐ Last Month's Deposit	☐ Discharge Date: ______________________

REGISTRATION AND EMERGENCY INFORMATION FORM

Student:

Name: ____ ☐ Male ☐ Female

Date of Birth (DD/MM/YY): ______________________________ Home Phone: ______________________________

Health Card Number: ____________________________________ Country of Birth: ____________________________

Main Language Spoken at Home: ______________________________

Address: ____

____Postal Code: _________

Parent/Guardian Information:

Name: ___________________________________ Relationship to student: ________________ ☐ Male ☐ Female

Address: ____

____Postal Code: _________

Place of Employment:

____

Daytime Phone: _________________ Cell Phone: ________________ Work Phone: ________________ext.____

E-mail:____

Has authorization to pick up student: ☐ Yes ☐ No

Name: _________________________________ Relationship to student: __________________ ☐ Male ☐ Female

Address: ____

____Postal Code: _________

Place of Employment:

____

Home Phone: _________________ Mobile Phone: ________________ Work Phone: _________________ext.____

E-mail:____

Has authorization to pick up student: ☐ Yes ☐ No

Custody Arrangements:

____

____

Emergency Contacts:

Name: ______________________ Relationship to student: ____________ ☐ Male ☐ Female

Address: ____

____Postal Code: ______

Home Phone: _________ Mobile Phone: _________ Work Phone: _________ext.___

E-mail:_______________________________

Has authorization to pick up student: ☐ Yes ☐ No

Name: ______________________ Relationship to student: ____________ ☐ Male ☐ Female

Address:

____

____Postal Code: ________

Home Phone: _________ Mobile Phone: _________ Work Phone: _________ext.___

E-mail:_______________________________

Has authorization to pick up student: ☐ Yes ☐ No

Potassium Iodide Pill:

In the event of an accident at the Darlington Nuclear Station, radioactive emissions may occur. One type of radioactive material which may be released are radioiodines. If radioiodines are inhaled, they are absorbed by the thyroid gland. The ingestion of potassium iodide (KI) pills will minimize the amount of radioiodine absorbed by the thyroid. KI pills have been provided to all school and businesses within 10 km.

I give permission for my son/daughter to be administered a potassium iodide (KI) pill: ☐ Yes ☐ No

My child is allergic to iodine: ☐ Yes ☐ No

Additional Information:

Family doctor: _________________________________ Phone: ____________________

Address: ____

____Postal Code: ______

Allergies:

____

____

Does your child have anaphylaxis: ☐ Yes ☐ No Does your child carry an EpiPen? ☐ Yes ☐ No

Medications:

____

____

Medical Conditions (please include any special requirements in respect of diet, rest or physical activity):

____

____

Additional Information (please attach individualized plan, and/or authorization for drug/medication administration form if applicable):

____

____

Finally, how do you see yourself being an extension of what your child learns each day at preschool?

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I certify that the information provided on this form is accurate. Please sign below once you have read through and completed the registration package.

Parent/Guardian Signature: ______________________________ Date: __________________