



Registration/Enrollment Package

Thank you for choosing Beyond Our Dreams Preschool and Daycare. 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 2021-2022 school year:

Half-day preschool (Mornings 9:00AM to 12:00PM (\$25.00 per day) or afternoons 12:00PM to 2:55PM (\$25.00 per day) or full-day preschool (9:00AM to 2:55PM \$45.00 per day.)

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 days you would like to enroll your child:

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					

Please include the following in your submitted registration package:

<input type="checkbox"/> Completed Registration Forms	<input type="checkbox"/> Immunization Record
<input type="checkbox"/> First Month's Fee	<input type="checkbox"/> Admission Date: _____
<input type="checkbox"/> Last Month's Deposit	<input type="checkbox"/> Discharge Date: _____

REGISTRATION AND EMERGENCY INFORMATION FORM

Student:

Name: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
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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?

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: _____