



Preschool Registration Form

Program information		
<input type="checkbox"/> Curiosity Grove Walnut Grove Community Centre	<input type="checkbox"/> Little Wise Guys W. C. Blair Recreation Centre	<input type="checkbox"/> Wee Willow Bees Willoughby Community Centre
Preschool date (mm/dd/yyyy)	Preferred Class Tue/Thu <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon Mon/Wed/Fri <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	

1 Participant Information

Child's full name		Usual name of child (if different)	
Date of birth (mm/dd/yyyy)		Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	
Address	Postal Code	Phone	

2 Parent or Legal Guardian Information

Parent/Legal Guardian name	Parent/Legal Guardian name
I am the child's <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian	I am the child's <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian
Address (if different from above)	Address (if different from above)
Phone	Phone
Cell phone	Cell phone
Business phone	Business phone
Occupation	Occupation

3 Participant Health Contact Information

BC Services/Care Card number	
Family Doctor/Clinic name	
Address	Phone
Family Dentist/Clinic name	
Address	Phone

4 Participant Health Information (attach a separate sheet if necessary)

Does your child regularly take medication? Yes No

Provide details and reason for medication:

Does your child have any allergies to food, medication, and/or the environment? Yes No

Do allergies require medication? Yes No

Provide details:

Has your child had any injuries, illnesses, or operations? Yes No

Provide details:

Describe any concerns/issues regarding your child's health (allergies, asthma, seizures, vision, hearing, etc.) that may interfere with participation in all activities:

Describe any concerns you may have regarding your child's development (i.e. behaviour, vision, hearing, speech, language, mobility, etc.):

Provide any specific care instructions regarding the above:

Are there other health care professionals involved in your child's life? (e.g. occupational therapist/physical therapist) Yes No

If yes, provide details:

5 Immunization Status

Are your child's immunizations up-to-date?

Yes No Not immunized

Record date below or attach a copy of immunization record.

Diphtheria	Pertussis	Tetanus	Polio	MMR (Measles/ Mumps Rubella)	HIB
Date (mm/dd/yyyy)	Date (mm/dd/yyyy)	Date (mm/dd/yyyy)	Date (mm/dd/yyyy)	Date (mm/dd/yyyy)	Date (mm/dd/yyyy)
Date (mm/dd/yyyy)	Date (mm/dd/yyyy)	Date (mm/dd/yyyy)	Date (mm/dd/yyyy)	Date (mm/dd/yyyy)	Date (mm/dd/yyyy)
Date (mm/dd/yyyy)	Date (mm/dd/yyyy)	Date (mm/dd/yyyy)	Date (mm/dd/yyyy)	Date (mm/dd/yyyy)	Date (mm/dd/yyyy)
Date (mm/dd/yyyy)	Date (mm/dd/yyyy)	Date (mm/dd/yyyy)	Date (mm/dd/yyyy)	Date (mm/dd/yyyy)	Date (mm/dd/yyyy)
Date (mm/dd/yyyy)	Date (mm/dd/yyyy)	Date (mm/dd/yyyy)	Date (mm/dd/yyyy)	Date (mm/dd/yyyy)	Date (mm/dd/yyyy)

Comments:

6 Emergency Contacts and Pick Up Authorizations

Child is permitted to leave with the following people, and will not be released to any other person without written authorization from parent or legal guardian (in addition to parent(s)/legal guardian(s) listed above).

Name	Relationship	Phone
Name	Relationship	Phone
Name	Relationship	Phone
Name	Relationship	Phone

Person(s) not authorized to pick up child

Name	Relationship	Phone
Name	Relationship	Phone

Is there a custody agreement in place? Yes No
If yes, you must supply a copy of the custody order to the program supervisor.

7 Group Experiences

What are your child's favourite toys and activities?

Has your child had previous playgroup experience? Yes No
If yes, how did he/she adapt?

How does your child behave towards other children? (e.g. seeks others out, feels shy, plays well alone).

What word(s) does your child use to indicate bathroom needs?

8 Emotions

How does your child react when left with unfamiliar people and/or in unfamiliar situations?

Does your child have any particular fears? (e.g. animals, rough play, storms, the dark, loud noises, etc.)

Provide any other information that will help maximize your child's positive experience in the program.

9 Family and General Household Information

Provide the names of the significant people in your child's life (e.g. siblings and ages, grandparents, etc.).

Describe the guidance and discipline methods used at home.

What is the primary language spoken in your home?	Other languages
Name of English speaking person (if needed)	Phone

10 Toileting

Is your child toilet-trained? Yes No

Comments:

11 Walking Trip Permission

My child, _____, has my permission to go on short walking trips in the neighbourhood around the recreation centre.

Parent/Guardian Signature

Date (mm/dd/yyyy)

12 Field Trip Permission

I, _____, hereby give permission for my child,

_____, to go on a supervised trip with the Township of Langley Parks and Recreation staff. I understand that all field trips require parent participation.

While every reasonable precaution is taken within Township of Langley programs, it is agreed that the Township of Langley and its staff and volunteers are released from all liability for injury to the above named participant or for loss or damage to personal property.

Parent/Guardian Signature

Date (mm/dd/yyyy)

13 Parents' Handbook Policies & Procedures

I, _____, have read, understood, and agree to abide by the policies and procedures outlined in the Parents' Handbook.

Parent/Guardian Signature

Date (mm/dd/yyyy)

14 Withdrawal Policy

One month's notice is required to withdraw from preschool, and written notice must be provided by the 1st of the month. For example, if you plan to withdraw on February 1, written notice must be provided on or before January 1. Unprocessed postdated cheques or credit card slips will be returned.

If one month's notice is not given, the preschool will retain one month's fee.

If the facility cannot ensure that the needs of all children are safely provided and ensure compliance with Child Care Licensing Regulation Section 3-17, or if the programmer determines staff are unable to provide the type of care that an individual child and/or family requires, or if significant health and safety concerns arise, or program standards cannot be met, you may be asked to withdraw from the program.

A \$50 non-refundable registration fee is required at time of registration.

I, _____, have read, understood, and agree to abide by the withdrawal policy.

Parent/Guardian Signature

Date (mm/dd/yyyy)

15 Fees

I, _____, have read, understood, and agree to the fee structure outlined in the registration package and acknowledge that fees will be removed on the 15th of the previous month unless paid in full.

Parent/Guardian Signature

Print name

Date (mm/dd/yyyy)

16 Signature of Parent or Guardian Providing Information

Parent/Guardian Signature

Print name

Date (mm/dd/yyyy)

Note: The information on this form may be reviewed by Fraser Health Authority Licensing staff as per legislation.

Office use only

Staff name

Child's withdrawal date (mm/dd/yyyy)

Reason for Withdrawal

Signature

Date (mm/dd/yyyy)





Emergency Consent

1 Program Information

<input type="checkbox"/> W.C. Blair Recreation Centre	<input type="checkbox"/> Morning	<input type="checkbox"/> Mon/Wed/Fri
<input type="checkbox"/> Walnut Grove Community Centre	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Tue/Thu
<input type="checkbox"/> Willoughby Community Centre		

2 Participant Information

Child's name		Date of birth (mm/dd/yyyy)	
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	BC Services/CareCard number	Allergies <input type="checkbox"/> No <input type="checkbox"/> Yes _____	Medication <input type="checkbox"/> Yes <input type="checkbox"/> No
Address		City	Postal code

3 Parent/Guardian Emergency Contacts

Mother's name	Primary phone	Alternate phone
Father's name	Primary phone	Alternate phone
Emergency contact	Primary phone	Alternate phone
Child's doctor	Phone	

Child lives with Mother Father Guardian _____

4 Consent

It is the policy of this centre to notify a parent when a child is ill or needs medical attention. Occasionally we cannot contact parents and we need to get immediate help for the child. Our procedure is to ensure that the child is taken to the nearest emergency services by emergency vehicle.

Please sign the consent below so that we may take appropriate action on behalf of your child. Return the signed consent to the centre immediately. This consent will accompany the child to emergency services.

I, _____ hereby give consent for my child, _____
when ill to be taken to the nearest emergency services by emergency vehicle when I cannot be contacted.

Parent/Guardian's signature

Date (mm/dd/yyyy)

Child's Picture

Photo date
(mm/dd/yyyy)

Any personal information collected on this form will be managed in accordance with the Freedom of Information and Protection of Privacy Act. Direct enquiries, questions, or concerns regarding the collection, use, disclosure, or safeguarding of personal information associated with this form to: Supervisor, Information, Privacy, and Records Management, Township of Langley, 20338 – 65 Avenue, Langley, BC V2Y 3J1 foi@tol.ca 604.532.7396