



The King's Early Learning Centre Preschool Registration Form

Preschool Application Year: Date of Application:	Session preference: 3 Day Morning (M/W/F) 3 Day Afternoon (M/W/F) 2 Day Morning (T/Th)		
Office Use: Date received: Start date Registration Fee \$100.00 Cheque Etransfer Cash			
Participant Information			
Child's full name		Usual name of child (if different)	
Date of birth	Please provide a copy of the birth certificate	Gender Female Male	
Address	City	Province	Postal Code
1st Language		2nd Language	
Does your child have Special Needs? Yes No (if yes, please specify)			
Parent or Legal Guardian Information			
Parent/Legal Guardian name		Parent/Legal Guardian name	
I am the child's Parent Legal Guardian		I am the child's Parent Legal Guardian	
Address (if different from above)		Address (if different from above)	
Email Address		Email Address	
Phone	Cell phone	Phone	Cell phone
Business phone	Occupation	Business phone	Occupation
Other Information			
Has your child previously attended preschool or daycare? Yes No If yes, where?			
Names and ages of child's siblings (as applicable):			

Principal: Mr. Tim Ireland Email: school@tkc.com Web Site: www.thekingsschool.org

Member: Federation of Independent Schools of British Columbia, Society of Christian Schools in BC

Participant Health Contact Information	
BC Services/Care Card number	
Family Doctor/Clinic name	
Address	Phone
Family Dentist/Clinic name	
Address	Phone

Participant Health Information (attach a separate sheet if necessary) **Please note that the preschool is nut free and fragrance free .**

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 Yes No

Do allergies require medication? Yes No Yes No

Provide details

Has your child had any injuries, illnesses, or operations? Yes No If yes, 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 (e.g. 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) If yes, provide details: Yes No

Immunization Status

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

Yes No Not immunized Record dates 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)

Comments:

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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
Address		
Name	Relationship	Phone
Address		

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 principal		

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).

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.

Christian Commitment

Is father a Christian? Yes No

Is mother a Christian? Yes No

Does the family regularly (3 times/month) attend a church? Yes No

If yes, where?

How long have you attended? _____ **Please provide a Pastor's/Minister's recommendation letter.**

Pastor's Name: _____ Phone: _____

Family and General Household Information

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

What types of guidance and discipline does your child respond well to?

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

Toileting

Is your child toilet-trained meaning she/he is no longer in pull ups? Yes No

Comments:

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

PERMISSIONS

Walking Trip Permission

My child, _____, has my permission to go on short walking trips in the forest on campus and the dairy farm on 76B with the authorized staff.

Parent/Guardian Signature

Date (mm/dd/yyyy)

Field Trip Permission

I, _____, hereby give permission for my child, _____, to go on a supervised trip with the pre-school staff.

I understand that all field trips require parent participation.

While every reasonable precaution is taken within the preschool program, it is agreed that the 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)

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)

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 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 principal 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 \$100 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)

Fees

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

Parent/Guardian Signature

Print name

Date (mm/dd/yyyy)

Signature of Parent or Guardian Providing Information

Parent/Guardian Signature

Print name

Date (mm/dd/yyyy)

Office use only

Staff name:

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

Reason for withdrawal

Signature

Date (mm/dd/yyyy)



Medical Emergency Consent

Consent

It is the policy of this preschool 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 preschool 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 may be submitted
separately, if the form is
submitted electronically)

Photo date
(mm/dd/yyyy)

Ready to submit your form?
Click the link below

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 the school privacy officer

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