



École Notre Dame de Fatima Pré-maternelle
Our Lady of Fatima Pre-Kindergarten

Registration Package Checklist

Child's Surname _____ First Name: _____

- ___ Registration Form
- ___ Application fee \$50 (non-refundable)
- ___ 9 post-dated cheques (dated the 1st of each month. March cheque includes June fee)
- ___ ***Other fees** : (to be dated Sept.1st , 15th or 30th - These are a one-time fee)
 - Program Fee : \$60 (\$120 for the 5 day program) to be paid by one post-dated cheque.
 - Fieldtrip Fee : \$15-2 sessions \$35-3 sessions \$50-5 sessions
 - Religion work book(4 year old only) : \$20
- ___ Copy of Care Card
- ___ Copy of Birth Certificate
- ___ Copy of Immunization Records
- ___ Parent Agreement Form
- ___ Consent for Ill Child
- ___ Emergency Consent Form - Fraser Health
- ___ Photo/Outing Permission Form
- ___ Collection of Child and Family Personal Information Form
- ___ Caregiver Pickup List

Fees :

- | | | |
|---------------------|----------------------|----------------------------|
| 2 session program : | Parishioners - \$130 | Non - Parishioners - \$140 |
| 3 session program : | Parishioners - \$150 | Non - Parishioners - \$160 |
| 5 session program : | Parishioners - \$280 | Non - Parishioners - \$300 |



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Registration Form

Program choices

2 day a.m.(Tue/Thur.) 2 day p.m.(Tue/Thur.)
 3 day a.m.(Mon/Wed/Fri) 3 day p.m.(Mon/Wed/Fri)
 5 day a.m.(Mon-Fri) 5 day p.m.(Mon-Fri)

| | |
|----------------------|--------------------------------------|
| FULL NAME OF CHILD : | USUAL NAME OF CHILD (IF DIFFERENT) : |
|----------------------|--------------------------------------|

Personal Information

| | | |
|------------------------------------|-------------------------|------------------------------------|
| CHILD'S DATE OF BIRTH: | GENDER: | STARTING DATE: |
| ADDRESS: | | |
| POSTAL CODE: | 1 st EMAIL : | |
| PHONE: () | 2 nd EMAIL : | |
| PARENT OR GUARDIAN: | | PARENT OR GUARDIAN: |
| ADDRESS (IF DIFFERENT FROM ABOVE): | | ADDRESS (IF DIFFERENT FROM ABOVE): |
| PHONE: | | PHONE: |
| WORK ADDRESS/ALTERNATE LOCATION: | | WORK ADDRESS/ALTERNATE LOCATION: |
| PHONE [INCLUDE LOCAL]: | | PHONE [INCLUDE LOCAL]: |
| CELLULAR/PAGER: | | CELLULAR/PAGER: |
| HOURS AT THIS LOCATION: | | HOURS AT THIS LOCATION: |

Emergency Health Information

| | | | |
|----------------------------|--------|-----------------------------|--------|
| CARE CARD NUMBER: | | | |
| FAMILY DOCTOR/CLINIC NAME: | | FAMILY DENTIST/CLINIC NAME: | |
| ADDRESS: | PHONE: | ADDRESS: | PHONE: |

Consent for Emergency Care

I authorize the staff at the child care centre to call a medical practitioner or ambulance in the case of accident or



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illness of my child(ren), if the parent cannot immediately be reached.

| | |
|-------------------------------|-------|
| SIGNATURE OF PARENT/GUARDIAN: | DATE: |
|-------------------------------|-------|

MANAGER OF FACILITY:

Person(s) Authorized to Pick Up Child

(other than parent/guardian listed above)

| | | |
|-------|---------------|--------|
| NAME: | RELATIONSHIP: | PHONE: |
| NAME: | RELATIONSHIP: | PHONE: |
| NAME: | RELATIONSHIP: | PHONE: |
| NAME: | RELATIONSHIP: | PHONE: |

Person(s) not Authorized to Pick Up Your Child

| | | |
|-------|---------------|--------|
| NAME: | RELATIONSHIP: | PHONE: |
| NAME: | RELATIONSHIP: | PHONE: |

Custody Agreement: YES NO

IF YES, SUPPLY A COPY OF THE CUSTODY ORDER TO THE FACILITY MANAGER/LICENSEE

ALTERNATE PERSON(S) TO CALL AND PICK UP CHILD IN CASE OF EMERGENCY

| | | |
|-------|---------------|--------|
| NAME: | RELATIONSHIP: | PHONE: |
| NAME: | RELATIONSHIP: | PHONE: |
| NAME: | RELATIONSHIP: | PHONE: |
| NAME: | RELATIONSHIP: | PHONE: |

Child's Immunization Status

(Please record dates [year/month/day] or attach copy of immunization)

IS YOUR CHILD UP TO DATE ON IMMUNIZATIONS? YES NO NOT IMMUNIZED

| DIPHTHERIA | PERTUSSIS | TETANUS | POLIO | MMR (Measles/Mumps/Rubella) | HIB |
|------------|-----------|---------|-------|------------------------------------|-----|
| 1. | 1. | 1. | 1. | 1. | 1. |
| 2. | 2. | 2. | 2. | 2. | 2. |
| 3. | 3. | 3. | 3. | 3. | 3. |
| 4. | 4. | 4. | 4. | 4. | 4. |
| 5. | 5. | 5. | 5. | 5. | 5. |

COMMENTS:

*If you have chosen not to immunize your child, please write a note stating why and please realize if there is any risks, your child maybe asked to stay at home if an outbreak should occur.



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Health Information

[Please attach a separate sheet, if necessary]

REGULAR MEDICATION(S) AND REASONS FOR [PLEASE LIST]:

ALLERGIES AND TREATMENT OF [PLEASE LIST]:

INJURY(S), ILLNESS(ES) OR OPERATIONS YOUR CHILD HAS HAD AND INCLUDE DATE(S):

- 1) Please describe any concerns/issues regarding your child's health (seizures, asthma, vision, hearing, etc.)
- 2) Please describe any concerns you may have regarding your child's development [i.e. behaviour, vision, hearing, speech, language, mobility, etc.]
- 3) Describe any specific care instruction regarding 1) and/or 2):

OTHER HEALTH CARE PROFESSIONALS INVOLVED IN YOUR CHILD'S LIFE, [E.G. OCCUPATIONAL THERAPIST/PHYSICAL THERAPIST]:

Group Experiences

WHAT IS/ARE YOUR CHILD'S FAVOURITE TOY(S) / ACTIVITIES?:

HAS YOUR CHILD HAD PREVIOUS PLAY GROUP EXPERIENCE? YES NO

IF YES, HOW DID HE/SHE ADAPT?

HOW DOES YOUR CHILD BEHAVE TOWARD OTHER CHILDREN [E.G., SEEKS OTHERS OUT, FEELS SHY]:



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| | |
|---|------------------|
| Emotional | |
| HOW DOES YOUR CHILD REACT WHEN LEFT WITH UNFAMILIAR PEOPLE AND/OR IN UNFAMILIAR SITUATIONS? | |
| DOES YOUR CHILD HAVE ANY PARTICULAR FEARS? PLEASE DESCRIBE: | |
| WHAT SUGGESTIONS DO YOU HAVE THAT WOULD HELP STAFF MAKE YOUR CHILD'S TRANSITION INTO THIS PROGRAM EASIER? | |
| Family and General Household Information | |
| PLEASE LIST THE NAMES OF THE SIGNIFICANT PEOPLE IN YOUR CHILD'S LIFE [E.G., SIBLINGS, GRANDPARENTS, ETC.] | |
| PLEASE DESCRIBE THE GUIDANCE AND DISCIPLINE METHODS USED AT HOME: | |
| PRIMARY LANGUAGE SPOKEN IN THE HOME: | OTHER LANGUAGES: |
| NAME OF ENGLISH SPEAKING PERSON [IF NEEDED]: | PHONE: |

| | | |
|--|-------------|-------|
| Signature of Parent or Guardian Providing Information | | |
| SIGNATURE: | PRINT NAME: | DATE: |

NOTE: This information may be reviewed by Fraser Health Authority Licensing staff as per legislation.

| | | |
|---|------------------------|-------|
| Facility Use Only | | |
| <i>Staff person reviewing family's documents:</i> | | |
| SIGNATURE: | PRINT NAME: | DATE: |
| CHILD'S WITHDRAWAL DATE: | REASON FOR WITHDRAWAL: | |



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Parent Agreement Form

(Please read form carefully, sign and return to the school with your child's registration form)

1. The undersigned or legal guardian of _____ hereby apply to my child/ren enrolled in Our Lady of Fatima Pre-Kindergarten. I understand that the following are the conditions under which my child/ren may be enrolled in the program.
2. I agree to state who will pick up/drop off my child and to give staff written advance notice of any changes.
3. I agree that my child/parent acknowledges his/her arrival with the staff.
4. I will notify the Centre if my child is ill or will be late or absent for any reason.
5. **I agree to notify the Centre, in writing, in advance if I will be withdrawing my child from pre-kindergarten. Such notice must be provided by the last week preceding the child's last full month of attendance. In lieu of one month's notice, one month's fee must be paid. If notice is given appropriately post dated cheques will be returned.**
*****(TUITION FEES WILL NOT BE REFUNDED AFTER DECEMBER 1ST)**
- 5a. If applying during our registration/open house in January/February, for the following September preschool year, refunds will not be given during the summer months. Notice must be given by June 1st.
6. I agree that I will not hold OUR LADY OF FATIMA PRE-KINDERGARTEN liable above the amount of insurance that they carry for school activities.
7. In case of infection or contagious diseases, I will keep my child away from the program until such time as the doctor certifies my child free of infection or contagion. I agree to administer medical attention according to public health officials or of a family doctor.
8. I understand that the program will include Christian/Catholic teaching.
9. I agree to pay for this program by: **9 post-dated cheques, (to be submitted with the registration/application form)**

I have read the above and I understand that I will need to comply with the above in order to have my child/ren attend Our Lady of Fatima Pre-Kindergarten.

Please keep the second copy of this agreement form attached at the end of this registration package for your records.

Parent's signature _____



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Our Lady of Fatima Pre-Kindergarten**

Consent for Ill Child

FACILITY: OUR LADY OF FATIMA PRE-K

DATE: _____

(Name)

(Year / Month / Day)

ADDRESS: 315 WALKER STREET, COQUITLAM, B.C., V3K 4C7

Dear Parent:

CONSENT FOR ILL CHILD TO BE TAKEN TO EMERGENCY WHEN PARENT CANNOT BE CONTACTED

It is our policy that we 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 take the child to the nearest emergency facility.

The preschool will not cover any cost of transportation to the nearest emergency facility. Please sign the consent below so that we can take appropriate action on behalf of your child. Return the signed consent to the preschool immediately. We will take this consent with us to the emergency facility.

I hereby give consent for my child _____ when ill, to be taken to the nearest emergency facility by the preschool staff when I cannot be contacted. I consent to an ambulance being called to take the child, if necessary.

DATE: _____

(Name of Parent / Guardian)

(Name of child)

(Address)

PHONE: _____ / _____ / _____

(Business)

(cell)

(Home)

(Medical Plan Number)

(Family Doctor's Name)

(Family Doctor's Phone Number)

Which hospital does your doctor use? _____

ALLERGIES: _____

(Signature of Parent / Guardian)



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Our Lady of Fatima Pre-Kindergarten**

**Our Lady of Fatima Preschool
Student Emergency Release/Identification Form
ie) Earthquake etc.**

Child Last Name: _____ Usual First Name: _____

Medical Alert: _____

Siblings in School

| | | |
|-----------|-----------|-----------|
| Name : | Name : | Name : |
| Teacher : | Teacher : | Teacher : |
| Grade : | Grade : | Grade : |

We authorize the release of the above child into the custody of the following persons, should either parents/guardians be unable to reach the school.

| Alternates | Phone Number | Address |
|------------|--------------|---------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |

List any special instruction or individuals who **MAY NOT CLAIM** this student:

OUT OF PROVINCE CONTACT

| |
|---|
| Name: _____ Relationship: _____ Phone:(area code) _____ (telephone number) _____ Address: _____ |
|---|

Next of Kin: _____ Phone Number: _____

I realize that in the event of a controlled student release only the above-authorized individuals will be able to claim my child (except medical or emergency personnel.) Upon release of my child, a record shall be kept of the name of the authorized person, time of release and expected designation. I also authorize the preschool or persons caring for my child to use any of the information as necessary in the event of an emergency.

Name: _____ Signature: _____ Date: _____
(Please print)

| For Preschool Use Only |
|--|
| Student released to: _____ (Please print) (Signature) |
| First Destination: _____ (Authorized by Staff) |
| Date and Time: _____ |
| Notes: _____ |



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Permission Form

In regards to my child, _____, I give my permission to Our Lady of Fatima Pre-Kindergarten for the following marked with my initial :

_____ PERMISSION FOR OUTINGS within walking distance of the facility. I understand that my child will NOT be taken on outings requiring the use of personal vehicle or public transportation without my prior and specific written consent, except in case of emergency.

_____ PERMISSION FOR PICTURE TAKING for general record keeping and for use within the facility.

_____ PERMISSION FOR PICTURE/VIDEO TAKING for use on our website photo album, face book/social media and also in the parent newsletter.

(Signature of Parent or Guardian)

(Date)



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Collection of Child and Family Personal Information

Child's Name: _____

The following is a description of what kinds of personal child and family information is gathered when your child is registered at our Lady of Fatima Pre-Kindergarten. The private information gathered is kept locked in a file cabinet at Our Lady of Fatima Pre-Kindergarten and in the website in the documents section that you have completed online. The preschool collects a hard copy from you for the files. It is your responsibility to delete private information that you fill out on each computer page. Please read the following statement and sign this agreement form accordingly. If you have any questions and concerns please talk to the privacy officer who may be reached at 604-936-4250.

I consent to having **Our Lady of Fatima Pre-Kindergarten** collect personal information that may include student identification information, birth certificate, legal guardianship, court orders if applicable, parents work numbers and e-mail address, behavioural, developmental and health information, emergency contact name and number, doctor's number, health insurance number and any similar information needed for registration. *This information is required in order to register your child at this pre-kindergarten and assist the pre-kindergarten in making informed decisions as to your child's suitability and placement in our program. It will also allow the pre-kindergarten to respond immediately to an emergency.*

Signature _____ Date: _____

Please sign yes or no to the following requests:

1) I consent to have photographs and work samples of my child(ren) used by **Our Lady of Fatima Pre-Kindergarten** for classroom displays and other promotional materials.

Yes ___ No ___ Signature _____

2) The pre-kindergarten prepares an emergency family phone directory that includes: child's and parent's name and phone number and used by the school office and Fatima pre-k staff. Do you agree/disagree to make this listing available to parents for (car pool, birthday parties, etc.?)

Yes ___ No ___ Signature _____



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| Caregiver pick up list | Telephone Number |
|--|------------------|
| Parent/Guardian's name : | |
| Child's name : | |
| Primary caregiver (name given on registration form) | |
| Other alternate caregivers : | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| **List the people whom you do not want to pick up your child : | |
| | |
| | |

Please read carefully. Your signature below is meant to ensure that the people on your caregiver list have agreed to the responsibility of picking up your child(ren) at Our Lady of Fatima Pre-K as outlined in the pick up policy. Your signature below relieves you from the task of having the caregiver list signed by the individuals as well as the alternate sign-out sheet at the sign-in desk. It is understood that you trust and are confident of a verbal agreement between you, the parents, and/or guardian(s) and the caregivers you have chosen to take on this responsibility.

As parents and/or legal guardian(s) of the said child(ren) above, I hereby declare that the caregivers listed above have been notified and understand their responsibilities concerning the pick up policy at Our Lady of Fatima Pre-K.

Print name _____ Signature _____

Date _____