

**ALL SAINTS NURSERY SCHOOL**

3205 27 Street, Vernon, B.C. V1T 4W8 (250) 503-0787

**REGISTRATION FORM**

**PRE-SCHOOL USE ONLY:**

- 1<sup>st</sup> year Enrolment date: \_\_\_\_\_ End Date: \_\_\_\_\_ Class \_\_\_\_\_  
 Registration fee: Cash: \_\_\_\_\_ Cheque: \_\_\_\_\_
- 2<sup>nd</sup> year Enrolment date: \_\_\_\_\_ End Date: \_\_\_\_\_ Class \_\_\_\_\_  
 Registration fee: Cash: \_\_\_\_\_ Cheque: \_\_\_\_\_

**PERSONAL INFORMATION**

Child's Name: \_\_\_\_\_ Home phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Mailing address: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Gender: M F Date of Birth \_\_\_\_\_ Child's first language \_\_\_\_\_

**FAMILY INFORMATION**

Parent (Guardian) Name(s): 1) \_\_\_\_\_ 2) \_\_\_\_\_  
 1) Place of Work: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Local \_\_\_\_\_  
 2) Place of Work: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Local \_\_\_\_\_  
 Siblings: \_\_\_\_\_ Age: \_\_\_\_\_  
 \_\_\_\_\_ Age: \_\_\_\_\_  
 \_\_\_\_\_ Age: \_\_\_\_\_  
 Is there a custodial or restraining order in effect: Yes: \_\_\_\_\_ No: \_\_\_\_\_  
 Child lives with: Both Parents: \_\_\_ Mother: \_\_\_ Father: \_\_\_ If other, name: \_\_\_\_\_

**ADDITIONAL CONTACTS**

Emergency Contact: (someone other than yourself if you cannot be reached):  
 1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Person(s) authorized to pick up child:  
 1. \_\_\_\_\_ Phone: \_\_\_\_\_  
 2. \_\_\_\_\_ Phone: \_\_\_\_\_  
 3. \_\_\_\_\_ Phone: \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_

Is there anyone NOT permitted access to your child?  
 1. \_\_\_\_\_ 2. \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_

**MEDICAL INFORMATION**

Family Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

B.C .Care Card Personal Health Number: \_\_\_\_\_

Does your child have any health problems or concerns such as:

Allergies: \_\_\_\_\_ If so, describe: \_\_\_\_\_

Vision: \_\_\_\_\_ If so, describe: \_\_\_\_\_

Hearing: \_\_\_\_\_ If so, describe: \_\_\_\_\_

Speech: \_\_\_\_\_ If so, describe: \_\_\_\_\_

Other: \_\_\_\_\_ If so, describe: \_\_\_\_\_

Has your child had any serious illnesses, injuries or operations that we should be aware of?

\_\_\_\_\_  
\_\_\_\_\_

Is your child on any medication? \_\_\_\_\_ If yes, describe: \_\_\_\_\_

Will medication need to be administered at Preschool for any reason: Yes \_\_\_\_ No \_\_\_\_  
(If yes, please fill out a medical record form.)

**HELPFUL INFORMATION**

Friend(s) who will be attending the same class: \_\_\_\_\_

Favorite Food: \_\_\_\_\_ Food Dislike: \_\_\_\_\_

Favorite Toy: \_\_\_\_\_ Favorite Friend: \_\_\_\_\_

Favorite Activity: \_\_\_\_\_ Any Fears: \_\_\_\_\_

Has your child had previous experience away from home? \_\_\_\_\_

If yes, describe: \_\_\_\_\_

How did you hear about us? (Friend, newspaper, poster, website, other)

\_\_\_\_\_

## **CONSENTS**

**Please read carefully and sign each of the following: If you feel you cannot sign, please bring this to our attention.**

### **Consent for Emergency Care and Transportation**

I authorize the teachers to contact a physician or ambulance (at my expense) in case of accident, or extreme illness when parent / guardian cannot be immediately contacted.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Consent for off-site Activities**

I give my permission for my child to accompany the Preschool on supervised walks and field trips. It is understood that these excursions will be supervised and that parents / guardians will receive prior notification of such activities.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Consent to Photograph**

I give my permission for my child's photograph to be used in the news/social media and/or website for public information and publicity for the preschool.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **AGREEMENTS AND AWARENESS**

### **Immunization Refusal: If your child has not been immunized please sign this statement.**

My child has not been immunized; therefore, I understand that if an outbreak occurs my child may not be able to attend class during this time.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **WITHDRAWAL AGREEMENT**

I agree to one month's notice, or fees in lieu will be given in case of withdrawal.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **IMMUNIZATION RECORD**

You may fill out this page OR photocopy your current immunization record

### **Basic Schedule and Record of Immunization**

**Please fill out appropriate dates**

2 Months of Age - 1st set of immunizations Date (y/m/d)

- Diphtheria, Pertussis, Tetanus, Polio,  
Haemophilus influenza type b (Hib), Hepatitis B \_\_\_\_\_
- Pneumococcal Conjugate \_\_\_\_\_
- Meningococcal C Conjugate \_\_\_\_\_
- Rotavirus \_\_\_\_\_

4 Months of Age - 2nd set of immunizations Date (y/m/d)

- Diphtheria, Pertussis, Tetanus, Polio,  
Haemophilus influenza type b (Hib), Hepatitis B \_\_\_\_\_
- Pneumococcal Conjugate \_\_\_\_\_
- Rotavirus \_\_\_\_\_

6 Months of Age - 3rd set of immunizations Date (y/m/d)

- Diphtheria, Pertussis, Tetanus, Polio,  
Haemophilus influenza type b (Hib), Hepatitis B \_\_\_\_\_

Influenza (flu) vaccine is recommend for children  
6-23 months of age as early as October each fall. Date (y/m/d)

- Influenza (flu) - Dose 1 \_\_\_\_\_
- Influenza (flu) - Dose 2 \_\_\_\_\_

On 1st Birthday (or shoot after) - 4th set of immunizations

- MMR (Measles, Mumps, Rubella) \_\_\_\_\_
- Pneumococcal Conjugate \_\_\_\_\_
- Meningococcal C Conjugate \_\_\_\_\_
- Varicella (Chickenpox) \_\_\_\_\_

18 Months of Age - 5th set of immunizations Date (y/m/d)

- Diphtheria, Pertussis, Tetanus, Polio,  
Haemophilus influenza type b (Hib) \_\_\_\_\_

4-6 years of age - 6th set of immunizations Date (y/m/d)

- Diphtheria, Pertussis, Tetanus, Polio \_\_\_\_\_
- Varicella (Chickenpox) \_\_\_\_\_
- MMR (Measles, Mumps, Rubella) \_\_\_\_\_

**FIELD TRIP EMERGENCY CARD**

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
month/day/year

Gender: M F

Hair Colour \_\_\_\_\_ Eye Colour \_\_\_\_\_ Weight \_\_\_\_\_

Height \_\_\_\_\_ Body Markings \_\_\_\_\_

Parent's Names: 1) \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
2) \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

Dr.'s Name: \_\_\_\_\_ Phone: \_\_\_\_\_

BC Care Card # \_\_\_\_\_

Emergency Contacts: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Health concerns, allergies or conditions: \_\_\_\_\_  
\_\_\_\_\_

I authorize the teachers to contact a physician or ambulance (at my expense) in case of accident or extreme illness when parent/guardian cannot be immediately contacted.

Signature: \_\_\_\_\_

From time to time, we may require the assistance of parent. Please indicate the areas in which you would be willing to help.

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_ Class Phoning Representative

\_\_\_ Scholastic Book Club Coordinator

\_\_\_ I am interested in a position on the All Saints Nursery School Board of Directors  
(meets approximately 5 times per year)